NHS
Wiltshire
Clinical Commissioning Group

MINUTES OF FINANCE AND PERFORMANCE COMMITTEE MEETING
HELD ON TUESDAY, 10 NOVEMBER 2015 AT 11:45hrs
AT SOUTHGATE HOUSE, DEVIZES

Present:

Peter Lucas	PL	Chair, Lay Member
Christine Reid	CR	Vice Chair, Lay Member
Dr Peter Jenkins	PJ	GP Chair
Deborah Fielding	DF	Chief Officer
Simon Truelove	STr	Chief Financial Officer
David Noyes	DJN	Director of Planning, Performance and Corporate Services
Steve Perkins	SP	Deputy Chief Financial Officer
John Dudgeon	JD	Head of Information
Jo Cullen	JCu	Group Director, WWYKD
Dr Simon Burrell	SB	GP Chair, NEW
Dr Toby Davies	TD	GP Chair, Sarum
Dr Mark Smithies	MS	Secondary Care Doctor
Mark Harris	MH	Group Director, Sarum
Ted Wilson	TW	Group Director, NEW
Diana Hargreaves *(minutes)*	DJH	Board Administrator

Apologies:

James Roach	JRo	Interim Integration Director

Item Number	Item	Action
FIN/15/11/01	**Welcome and apologies for absence** PL welcomed everybody to the meeting, noting the apology above.	
FIN/15/11/02	**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.**	
FIN/15/11/03	**Previous Minutes** Finance and Performance meeting held 13 October 2015. **The minutes were agreed as an accurate record and there were no Matters Arising.** **Action Tracker** • **FIN/15/09/03** – The actions from the report on new models of planned care would be included in the Commissioning Intentions 2016/17. **COMPLETE.**	

	• **FIN/15/09/03** – MH said that he had been working with the CSU to obtain referral information, which measured like with like, and Sarum Executive were targeting practices that were under-performing. There were clinical topics discussed at locality meetings and a mechanism in place to share information across the localities. Referrals would be part of the SLAs to encourage engagement: the more quality data produced, the better the engagement. MH would circulate month 6 reports on referrals between meetings and bring the actions to the December meeting • **FIN/15/10/04** - STr updated Members on the dispute issues with Wiltshire Council (WC) and advised that discussions continued: **COMPLETE.** • **FIN/15/10/05** MH – This would be covered under the FRP agenda item. **COMPLETE.** • **FIN/15/10/05** There would be a meeting on Thursday to look at the areas of cardio and gastro, focusing on those who would benefit from interventions rather than those who would not. Discussions would continue with GWH, with the aim of having clear contractual outcomes as a result. Clinician to clinician discussions needed to start locally and then be extended Wiltshire-wide. Members would continue this discussion in this afternoon's Clinical Executive meeting. **COMPLETE.**	**MH**
FIN/15/11/04	**M6 Financial Position** SP presented the paper on the financial position, including risks' analysis, at month 6 2015/16. The CCG was required to deliver a 1% surplus against its available resources and, at the end of month 6, the CCG had reported to NHSE that it would not be able to deliver this. Consequently, the CCG was required to produce a financial recovery plan (FRP) that would restore the £0.7m surplus reported back to the required £5.5m position and ensure future financial stability. The financial risk position of the CCG showed that a number of risks were currently anticipated to be fully mitigated: however, if the actions were not successful, these would have a further impact on the CCG's financial position. In response to a question from CR about which areas of recovery would be most difficult to achieve, MH said planned care and prescribing. However, the biggest challenge facing the CCG was about delivery of QIPP schemes.	
FIN/15/11/05	**Financial Recovery Plan (FRP) (draft)** STr informed Members that a revised version of the FRP had been submitted to the area team last week and had been agreed. The FRP was targeted to deliver a surplus of £5.5m by the end of 2015/16. The focus for 2016/17 was to develop an approach that centred on joining with system partners to tackle difficult and radical action and form the core of a plan to achieve a QIPP target of £28m, based on the current reported position. Members commented: • Simon Stevens has asked the Government to consider 5 key areas from the Spending Review: 1. Front loaded investment in service transformation to support investment in new models of care	

	2. Making good on the public health opportunity, with particular action to tackle obesity 3. The Government's 'new asks' from the NHS should be consistent with phasing of new investment 4. Investment and funding protection for social care services – protecting the whole system 5. Continuing political support for efficiencies which had to be made in the next few years • Partners and co-commissioners were required to produce systems plans to support the need for transformational change	
FIN/15/11/06	**Status on CCG Projects, QIPP and FRP Delivery Plan** DJN introduced the paper providing an update on the state of the ongoing projects, which must deliver the 2015/16 QIPP savings and the savings identified in the FRP, to enable the CCG to meet its revised financial control total agreed with NHSE. SP highlighted that the majority of the FRP schemes were non-recurrent and so emphasised the importance of transformation going forward, to ensure recurrent balance. DF asked why month 5 delivery data was being shown in month 7: SP said that this was the latest available SUS data from the CSU and the timing of these meetings meant that there was a reporting in arrears process. There was a general discussion on non-electives and MH highlighted that Lucy Baker was doing a piece of work on paediatrics, which had been a growth area in non-electives, and the outcome of this would be brought to the Clinical Executive for review. SB said that flat-lining of non-electives was a great achievement and suggested that targets for the future should not be based on prior year outturn and should utilise access rates etc. During the discussion on the elective position, STr advised Members that discussions and plans must include the independents as well as the acutes. The CCG needed to pursue an alternative contracting approach which would ideally need to be linked to an incentive, for example a local transformation fund. When SFT had previously pursued the option of closing a ward and converting it to a community ward, the Trust had come up against clinical governance issues, which had prevented this from happening. Bob Deans would be talking to all the CEOs, following discussions at the then-titled Wiltshire Strategic Health Forum, and MH/DF/STr would support discussions with them. Clinical prioritisation must be part of the discussions with providers, which would be built into the 16/17 planning round: the contractual framework would be developed alongside this and management of clinical risk in parallel.	
FIN/15/11/07	**Update on Right Care** MH introduced the presentation explaining that the primary objective for Right Care was to maximise both the value that the patient derived from their own care and treatment and the value the whole population	

	derived from the investment in their healthcare. Building on the success and value of the Right Care programme, NHSE and Public Health England were taking forward the Right Care approach through new programmes to ensure that it was embedded in the new commissioning and public health agendas for the NHS. MH said the information gained from the benchmarking data would be used to inform the CCG's planning round and would be taken to the Groups to see if there was synergy with their plans.	
FIN/15/11/08	**Status on the Delivery of the Constitutional Targets and key activity and access indicators** JD presented the paper and went through the headlines, detailed at p8 of the paper. Members commented: • The C-difficile Infections target would be difficult to achieve, having done well last year • It would be important to improve appropriate antibiotic prescribing in order to reduce antibiotic resistance and C-diff rates • DF had received a letter from Rachel Pearce at NHSE about the Q1 assurance process informing the CCG that, following moderation in the region, we were partially assured on the performance domain. Full assurance was given for hitting three or more of the constitutional targets at any one time. This discriminated against Wiltshire CCG, as we had three acutes, rather than other CCGs with only one	
FIN/15/11/09	**Any Other Business** There was no further business discussed and the meeting closed at 13:58 hrs.	

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.

Date of next Finance and Performance Committee Meeting: 8 December 2015 at 11:45hrs

NHS
Wiltshire
Clinical Commissioning Group

FINAL MINUTES OF FINANCE AND PERFORMANCE COMMITTEE MEETING HELD ON TUESDAY, 8 DECEMBER 2015 AT 11:45hrs AT SOUTHGATE HOUSE, DEVIZES

Present:

Peter Lucas	PL	Chair, Lay Member
Christine Reid	CR	Vice Chair, Lay Member
Dr Peter Jenkins	PJ	GP Chair
Deborah Fielding	DF	Chief Officer
Simon Truelove	STr	Chief Financial Officer
David Noyes	DJN	Director of Planning, Performance and Corporate Services
Steve Perkins	SP	Deputy Chief Financial Officer
Jo Cullen	JCu	Group Director, WWYKD
Dr Richard Sandford-Hill	RS-H	GP Chair, WWYKD
Dr Simon Burrell	SB	GP Chair, NEW
Dr Toby Davies	TD	GP Chair, Sarum
Dr Mark Smithies	MS	Secondary Care Doctor
Mark Harris	MH	Group Director, Sarum
Ted Wilson	TW	Group Director, NEW
Rob Hayday	RH	Associate Director of Performance, Corporate Services and Head of PMO
Diana Hargreaves *(minutes)*	DJH	Board Administrator

Apologies:

John Dudgeon	JD	Head of Information

Item Number	Item	Action
FIN/15/12/01	**Welcome and apologies for absence** PL welcomed everybody to the meeting, noting the apology above.	
FIN/15/12/02	**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.**	
FIN/15/12/03	**Previous Minutes** Finance and Performance meeting held 10 November 2015. **The minutes were agreed as an accurate record and there were no Matters Arising.** **Action Tracker** **FIN/15/09/03** The action report on new models of care for Planned Care	

	had been built into the QIPP plan and MH would be taking this to Clinical Executive this afternoon. **COMPLETE.** **FIN/15/09/03** Further reports on GP practice outliers: **Sarum** – MH reported on practices being RAG rated and ranked using a variety of measures: the information would be taken to the Sarum Executive to see how this should be taken forward. There was a 1.3% reduction in GP referrals across the CCG at month 7 and, although this overall position was good, there would be some specialty areas to focus on in meetings. **NEW** – TW reported on the focus on age groups in non-elective activity: two-thirds of patients admitted with falls and fractures were staying over 14 days and work on this was ongoing with practices and public health. **WWYKD** – RS-H said there was a visit planned to a high-performing practice. PJ drew Members' attention to a website which compared practices' prescribing costs: it would be a useful aid to comparing practices in Wiltshire. The Groups would continue to look at outliers and, although generally there had been an improvement, there were variations that needed to be picked up in particular practices. It was agreed that dashboards were very powerful tools and could be used on a regular basis. **ONGOING.**	
FIN/15/12/04	**M7 Financial Position** SP briefed the Committee on the financial position at month 7, drawing Members' attention to the detail in section 3 and stating that the biggest financial pressures remained in the acute sectors. MH said that GWH was showing a significant overspend against plan and the data supplied by GWH did not allow the CCG to understand as much about the position as we would have liked. PJ wanted further drill-down into the respiratory physiology position and MH agreed to take this away. Members discussed the data. MH reported similar issues to GWH at SFT. The pressure area at RUH was general surgery: referral patterns were directly related to GP availability. *MS joined the meeting at 12:05hrs.* Members commented: • Analysis of referral data showed which practices had been targeted and the resulting actions: this information would be brought to the next meeting • SP suggested re-focusing on the TCOP schemes to see whether there were areas where the CCG could support • STr asked how effective the Falls Service was in Wiltshire and, if there was an issue with the service, the CCG should be working with Public Health • In response to a question about who had responsibility for the Fraction Liaison Service, TW said that it sat across a number of different programmes and projects. STr advised that it would be important to define responsibilities for the strategy going forward • These would be priorities to spec up with the new ACS provider • The Executive team would come up with what the Community Services Team Programme Board needed to look like The data showed that Circle had the highest outpatient rates of the	**MH** **MH** **Exec team**

	private providers. MH described the actions being taken to mitigate the situation: • There had been several meetings with Circle to discuss the over-performance of the contract. Circle were reluctant to change their stance on Wiltshire's contract • CCG had also written to physiotherapists to ensure that they were not restricting choice of providers and MH's team would be undertaking random spot checks to make sure that choice was being offered MH explained that there were not many contractual levers that could be applied to Circle and patient choice could not be restricted. Members suggested that the CCG inform GP practices about the numbers of patients per month that transferred from Circle to RUH, emphasising the risks around quality and service. It was agreed, however, that this issue could not be solved in the existing system and with the current contract, although the contract could be changed next year. Bob Deans would be visiting all the provider organisations and having conversations about the cap and collar approach. Other providers: • FNC had been a pressure area in recent months • A reduction in the overspend position was beginning to show with prescribing The CCG reserves position remained the same.	**MH**
FIN/15/12/05	**Month 7 Project Update (Financial Recovery Plan (FRP) and QIPP)** DJN introduced the paper updating Members on the status of the ongoing projects which must deliver the 15/16 QIPP savings, and the status of the 15 schemes included in the FRP and the agreed targets. STr advised the Committee that there was a significant risk to the CCG's financial position around the FRP and he did not share the same level of confidence in delivery as the Director leads in two areas – Step Up Beds and Capping Over-performance on Planned Care. SP was also concerned about the Director's levels of confidence in delivery of QIPP schemes when correlated with the QIPP monitoring report and suggested that these confidence levels be robustly reviewed at the six-month point. The IPR would be discussed at the Executive Team meeting next week and it would be important to also go through progress against QIPP programmes. STr said that there must be a greater level of granularity around the KPIs for next year's QIPP schemes, and across all CCG projects and schemes, so that the schemes could be monitored for effectiveness. It was agreed that the 40% confidence level in the BCF Inpatients scheme was inappropriately high as the BCF schemes were not delivering any reductions in non-elective admissions based on SUS information. The assumptions made for year-end did not include any improvement in QIPP delivery based on current evidence.	
FIN/15/12/06	**Status on the Delivery of the Constitutional Targets and key activity and access indicators**	

	STr introduced the paper updating the Committee on the current performance at October 2015 against delivery of the constitutional targets set out by NHSE, taking Members through the headlines, detailed at p8 of the paper. MH said that the figure for the number of patients waiting more than 52 weeks attributed to Wiltshire was incorrect, as some of the patients were specialist patients: the correct number was about half of what was being shown.	
FIN/15/12/07	**Briefing on Comprehensive Spending Review (CSR)** SP presented the paper on the Comprehensive Spending Review, which set out the high level impact on the health service: the implication of this at a local level was currently unknown. NHSE would be holding a Board meeting on 17 December 2015 where it was anticipated that the attribution of resources would be discussed, with detailed information on allocations to follow in the week commencing 21 December 2015. The Committee would be updated at the January 2016 meeting. DF had attended a briefing by Simon Stevens on 25 November in London on the CSR and updated the Committee on the key highlights: • £10b real terms increase in NHS funding in England between 2014-15 and 2020-2021 broken down each year: ➢ 2016-17 £3.8bn ➢ 2017-18 £1.5bn ➢ 2018-19 £0.5bn ➢ 2019-20 £0.99bn ➢ 2020-21 £1.7bn • £1b invested in new technology over the next 5 years to deliver better connected services for patients • Transforming the NHS into a 7-day service in order to reduce the higher death rate at weekends in hospitals and an expectation for some 7-day access to some GP services and primary care • Integrating health and social care services by 2020, supported by a strong funding settlement for social care • £22b of efficiencies to be made within the NHS by 2020-21 with savings reinvested into frontline health services DF said that the allocations would be place-based and the Wiltshire allocation would include specialist placements and primary care. There was a recognition of the need to invest in community care.	**SP**
FIN/15/12/08	**Terms of Reference Update** STr presented the amended Terms of Reference which included, under 8. J), k) and l), duties around procurement. It was agreed that, as the minutes from this Committee went into the public domain through the Governing Body, any part which was deemed Commercial in Confidence would necessitate being taken to the private session of the Governing Body.	
FIN/15/12/09	**Any Other Business** There was no further business discussed and the meeting closed at	

	13:22 hrs.	

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Date of next Finance and Performance Committee Meeting: 12 January 2016 at 11:45hrs