NHS
Wiltshire
Clinical Commissioning Group

Wiltshire Clinical Commissioning Group
Governing Body Meeting – Public Session
Paper Summary Sheet
Date of Meeting: 24 September 2013

For: Decision ☐ **Discussion** ☐ **Noting** ☒

Agenda Item and title:	**GOV/13/09/22 Finance Committee Minutes – July 2013**
Author:	Simon Truelove, Chief Finance Officer
Lead Director/GP from CCG:	Simon Truelove, Chief Finance Officer
Executive summary:	The NHS Wiltshire CCG Governing Body is asked to note the Minutes of the Finance Committee.
Evidence in support of arguments:	The Minutes support the NHS Wiltshire CCG Governing Body's adoption of open and transparent processes.
Who has been involved/contributed:	Chief Finance Officer and Senior Managers of the Finance Committee.
Cross Reference to Strategic Objectives:	
Engagement and Involvement:	This paper will form part of the framework for public engagement.
Communications Issues:	Not exempt under FOI.
Financial Implications:	Wiltshire CCG has developed a balanced budget for 2013-14 which requires QIPP delivery of £9.3m to ensure delivery of its surplus target.
Review arrangements:	Bi-monthly Finance Committee Meetings.
Risk Management:	

National Policy/ Legislation:	
Equality & Diversity:	
Other External Assessment:	
What specific action re. the paper do you wish the Governing Body to take at the meeting?	The Governing Body is asked to note the minutes of the Finance Committee.

FINANCE COMMITTEE MEETING
Performance Meeting

HELD ON TUESDAY 9 July 2013
At SOUTHGATE HOUSE

Present:

Stephen Rowlands (SR)	Chair
Deborah Fielding (DF)	Chief Officer
Simon Truelove (ST)	Chief Finance Officer
Steve Perkins (SP)	Deputy Chief Financial Officer
Peter Lucas (PL)	Lay Member
Toby Davies (TD)	GP
Mark Harris (MH)	Group Director SARUM
Ted Wilson (TW)	Group Director NEW
Mike Relph (MR)	Group Director WWYKD

Doreen Wiltshire (notes)

Apologies: There were no apologies

FIN/13/05/01 Welcome and Apologies
SR welcomed the members to the meeting, and introductions were made

FIN/13/05/02 Declarations of Interest
The Chair asked members to declare any potential conflicts of interest and the following was noted:

- ST declared a conflict of interest in item number 6 RUH Business Case, as he is married to the Finance Director of the RUH.

FIN/13/05/03 Minutes of the Last meeting
The minutes of the meeting held on the 14 May 2013 were agreed, and will go to the Governing Body meeting on 23 July 2013

FIN/13/05/04 Wiltshire CCG 2014-17 Medium Term Financial Plan. 2014/15 to 2016/17

ST presented the previously circulated paper on the medium term financial plan for services commissioned by the CCG. The budget is part of the Strategic Planning Process is built on the 'Clear and Credible Plan', 'Everyone Counts', Planning for Patients 2013/14', and 'Joint Strategic needs Assessment'. The papers sets out the medium term financial position in light of the recent comprehensive spending review and the result of QIPP challenge. In each of the financial years the plan is to deliver a surplus of 1%, and a robust QIPP plan is required to ensure delivery.
The Paper has been modelled on a base case scenario assumptions, Downside scenario 1 assumptions, and Downside scenario 2.

The GP clinical leads need to understand the financial implications of the recent 2014/15 comprehensive spending review, the strategic change and the big impact on core CCG resources into Local Government. The NHS will continue to receive in 2015/16 real term growth equivalent to 0.1% above inflation.
The NHS and Local Government will create a joint £3.8bn Integration Transformation Fund (ITF) held by local authorities from 2015-16.

Initial analysis by NHS England suggests the value of Wiltshire core funding to be included in the ITF may be equivalent to 3% (£15m) based on the recurrent baseline at the end of 2013-14. If based on population shares the value would be equivalent to £16.5m. This budget will be controlled by the Health and Wellbeing Board, which will consist of a chair and 3 clinical chairs, it was strongly felt renegotiation was needed to ensure that DF has voting rights. This is a big working change and it will be vital to establish a close working relationship with Wilts Council from inception.

ST recommended the High Level Budget to the finance meeting. The Committee were asked to note the extent of the medium term financial plan and to provide strategic guidance on the required approach for the level of CCG for headroom and contingency funding in future years.

This paper will go for discussion to the Clinical Executive meeting this afternoon, to get an understanding of how far the clinicians would like to take integration with Wiltshire Council.
Lynn Talbot will continue to take forward the joint piece of work on Community Transformation, procurement of the health lead service, making the make the most of the opportunity and strengthening working relationships to deliver the plan.
TD noted that K&NW PCT had previously tried this but failed, because of relationships, the two need to work closely together. Old partnerships are historical, we need to look for new ones
ST said that an integrated pot makes sense. Health and care resources, with care providers can cover a lot more, and joint assessment is the way forward. Social enterprise is not the best way forward, and could cost out the NHS.

CCG QIPP programme will have to produce corresponding savings to fund any new developments with corresponding reduction, unachieved QIPP savings this year will have an impact on next year. SR enquired if Wilts Council will have to put in QIPP savings a well.
It is essential for good CCG representation at the Health & Wellbeing meetings.
MH felt the key was to plan early

FIN/13/05/5 **Financial Consequences of Provider Access at M3**
John Dudgeon joined the meeting at this point.

M3 is overheating on some of the Acute contracts, but the forecast to breakeven.

M1 data was received 3 weeks late, and incorrectly contained Area Team data on prison, specialised commissioning and MOD. CCG are unable to verify activity, so consequently unable to challenge data. CSU have seconded staff Health and Social Care to get data.

Q1 was paid a seen, when data flow flow issues have been resolved adjustments will be made.
Due to section 251 the CCG will be challenging at Q1 rather than on individual months.

Year to date figure is not hugely above what was expected. The RUH average cost per case is higher and requires deeper investigation. Urology is up at SFT, and at the start of April A&E attendance was high, but has now levelled out and the 4 hour target is being achieved.

Work will continue on SLAM analysis of activity, up-coding and counting changes, and high growth will be shared back to the locality groups. There is a need to understand the wide practice variation in utilisation of secondary care. TW enquired how the information is relayed to the group contract meetings. The Finance and Information managers feed back to the 3 CCG Groups, analysis of Out Patient trends and switch to procedures from day cases.

This year Perception Plus has included risk stratification allowing benchmark practices use of secondary care data with year on year comparison. Published data goes live to practice staff, to access.
PL enquired what actions are taken to achieve result on variances. Early warnings are flagged to the groups, who will drill down data and pass information on to the GP practices, also the Group directors visit practices.

Action **JD will produce a headline report on the main performance issues for the monthly locality executive meetings practices once a month.**

FIN/13/05/06 **Draft RUH Urgent Car Business Plan**
At this point ST left the meeting

SP presented the paper requesting funding to support the RUH response to the Urgent Care pressures experienced over the last year, and the implementation of 7 day working across the organisation. The issue is for the CCG to understand the future financial impact of this going forward and the impact on patient safety and quality. The proposed non recurrent cost to the CCG in 2013/14 is £954k, to be funded from non-elective threshold monies. The potential recurrent cost before any offset is £1,543k, however the impact of what is already in tariff for 2014/15 and other funding sources need to be taken into account.

The RUH are proposing to increase their rapid assessment consultant input into the Emergency Department from 7 to 10 consultants, and to have consultant presence during weekends and periods of escalation. This links in with their objectives and achieving KPIs, thus enabling

patients to be turned around quite quickly. Enhanced Therapies should also move to 7 day working capability.
This Business Case is also being considered for support by BaNES and Somerset.

Points raised were:-

If Somerset say no, will it mean that the service be cut.by their portion of the funding, or will we be expected to put more in. The CCG are uncertain of implications at this time.

If Wiltshire CCG agre, the management would be carried out by the Urgent Care Task and Finish Group

If we don't get it right then the RUH sets prescience and the GWH will want their share.

TD felt that it was a big investment in A&E and this would not decrease admissions and not reduce waiting time. MAU sort people out quickly, why not work on the front of A&E to triage what is going through Primary Care.

- GPs fostering time to diagnosis speed up.
- Community based type ward – non consultant
- Electronic discharge communications
- Ambulatory Care
- Primary Care, support potential across trusts to manage long term conditions during the winter period.

The question asked was, 'What is the criteria to score, to make it consistent', the process has to be managed fairly.
Clear demonstrations are required around funding usage and improvements.

The RUH bid has gone to advert already as they need to prepare for the winter.

The meeting agreed that further discussion was required and would be continued at the Clinical Executive meeting pm today.

FIN/13/02/07 Group Allocations 2013-14
ST rejoined the meeting

ST presented the paper which outlined the draft devolved budget positions for the 3 groups against the CCG resources in 2013/14. The paper summarised resources by provider type at a group level. Prescribing costs, specific reserves and the balance of local enhanced services funds for dementia are still to be agreed. The paper summarised a comparison of the developed group resources against their individual shares giving the groups more understanding around how they are utilising resources.

It was noted that further work is required to validate the individual group positions, and to facilitate monthly monitoring of actual utilisation against developed resources.

The Finance committee were asked to note the draft group resource position and the further work required.

FIN/13/02/08 Any Other Business
Due to time constrictions the Community IT replacement item was deferred to the Clinical Executive Meeting

Dates of the Next meetings

- **10 September**
- **12 November**
- **14 January 2014**
- **11 March 2014**