

**MINUTES OF FINANCE AND PERFORMANCE COMMITTEE MEETING
HELD ON TUESDAY 21 NOVEMBER 2017 AT 11:15hrs
AT SOUTHGATE HOUSE, DEVIZES**

Voting Members Present:

Dr Richard Sandford-Hill	RSH	Chair, CCG
Steve Perkins	SP	Chief Financial Officer
Mark Harris	MH	Chief Operating Officer
Peter Lucas	PL	Vice Chair, Lay Member
Christine Reid	CR	Lay Member
Dr Mark Smithies	MS	Secondary Care Doctor
Dr Toby Davies	TD	GP Chair, Sarum

In Attendance:

Sujata McNab	SM	Deputy Chief Financial Officer
Jo Cullen	JCu	Director of Primary Care and Urgent Care/Group Director West
Neal Goodwin	NG	Associate Director (Interim) Community & Joint Commissioning
Lucy Baker	LB	Acting Director of Acute Commissioning (<i>until 12.07hrs</i>)
Rob Hayday	RH	Associate Director of Performance, Corporate Services and Head of PMO
Sharon Woolley	SW	Board Administrator

Apologies:

Linda Prosser	LP	Interim Chief Officer
Dina McAlpine	DMcA	Director of Nursing and Quality / Registered Nurse
Dr Catrinel Wright	CW	GP Interim Chair, West
Ted Wilson	TW	Director of Community and Joint Specialist Commissioning/Group Director NEW
Dr Andrew Girdher	AG	GP, Chair, NEW
Dr Anna Collings	AC	GP, Vice Chair, NEW
John Dudgeon	JD	Associate Director of Information

Item Number	Item	Action
FIN/17/11/01	Welcome and apologies for absence RSH welcomed attendees, the above apologies were noted.	
FIN/17/11/02	Declarations of Interest Members were reminded of their obligation to declare any interests they may have at the beginning of the meeting, or any issues arising during the meeting, which might conflict with the business of Wiltshire CCG. (This included any relevant interests previously declared on the Register of Interests). No declarations were made. RSH encouraged Members to ensure that their record of declarations of interests remained up to date with the Governance and Risk Manager.	

FIN/17/11/03

a) Minutes of the meeting 12 September 2017

The minutes of the meeting held on the 12 September 2017 were agreed as a true record.

b) Matters Arising

There were none.

c) Action Tracker:

FIN/17/01/06.1 - This item has also been discussed at the Audit and Assurance Committee meeting held on 14 November. SP advised that it had not progressed, a discussion between the CCG's Accountable Officer and Swindon Borough Council's Director of Adult Social Care was needed to move it forward. A report would be given at the January AAC meeting, and an update brought to the F&P Committee. **ONGOING**

FIN/17/07/07 - MH reported that ORCP had been agreed with the three acutes. LB confirmed that letters were being sent out to clarify the areas which the CCG was funding and those which were expected to become business as usual in subsequent years. The ORCP funding arrangements were going to be revised and discussions would form part of the next contracting round with a view to earlier review and agreement of proposals. The CCG's proposals for 2018/19 ORCP arrangements would form part of the January F&P Committee agenda. **ONGOING**

FIN/17/09/05.0 – The acronym BID stood for Business Improvement District levy. An additional Salisbury District levy only relating to SFT. **CLOSED**

FIN/17/09/06 - MH reported that the work on the Primary and Urgent Care Strategies was drawing to a close and would be presented to the Governing Body in due course. SP advised that this linked with the Estates Strategy work. A summary of the scope was to be taken to the November GB meeting.

An Estates Project Board was being formed, to be chaired by AG. This would confirm stakeholders to be involved in the process and the programme areas. The package of work would consider demographic changes, the primary care capacity and requirements over the next 10 years (using the Primary Care Strategy currently being developed) and the delivery of services. The options to be considered would consider funding requirements of the CCG and the funding to be sought from third parties. Estates may need to be rationalised and some unused assets could potentially be disposed of. Work was ongoing to complete the Strategic Health Planning and the Strategic Outline Case, reviewing the options and potential impacts. A report would be taken to the Governing Body in the Summer 2018 for decision.

PL questioned the pace of activity, and asked if it could be accelerated, acknowledging that there was a large amount of work to be done. SP noted that the pause to the Strategic Outline Case was at the request of the Governing Body. He advised that the key constraint to increasing the pace was that of capacity. The work was being progressed through the forming of the Project Board and potential providers of support were being looked into.

A report would be given to the Finance and Performance Committee meeting in due course. **ONGOING**

FIN/17/09/07.0 - LB reported that this had been resolved. **CLOSED**

FIN/17/09/07.1 - LB reported that Dermatology would first be using the Blueteq system, and it would then be rolled out to Rheumatology and other specialities. **CLOSED**

<p>FIN/17/11/04</p>	<p>Financial Position</p> <p>SM referred to table three on page four of the report, which compared the year to date and forecast positions at a provider / programme level. The forecast for the acutes NHS contract was £1.1m over performance, of which £0.7m related to RUH. Some of this overperformance appeared to be linked to increased ambulatory care activity, although analysis of this was ongoing. SP explained that BaNES CCG had carried out a deep dive of RUH through NHS England, particularly around the ambulatory care pathway and coding. This had brought circa £3m challenge from BaNES. Somerset CCG had quantified the impact of these issues as being in the region of £1-1.5m. Wiltshire had not completed its analysis of these issues and therefore had not yet formally challenged, but was in the process of carrying out an analysis to assess the potential impact. However, SP's view is that challenges of this magnitude risked destabilising RUH, which would compromise the system further.</p> <p>The ambulatory care pathway was being coded and charged as Non Elective short stays, which are at a higher cost than an A&E attendance. This highlighted the need for agreement of a 2018/19 ambulatory care tariff, but it was noted that this would only change the flow of money to RUH, not address the issue. Wider transformation work was required. Baseline figures would be reviewed.</p> <p>The significant variance for independent providers was partly due to the proactive diversion activity taking place to assist with back logs. The variance is exaggerated as baseline budgets being set early before this diversion work was implemented. SM reported that overall the forecast over performance in the independent section acute contracts was £1.2m.</p> <p>CHC was showing a variance of a forecast overspend of £0.2m position to date, net of £500k of disputed invoices with Dorset CCG. Funded Nursing Care (FNC) budgets were forecast to underspend by £1.1m. The 2017/18 payment rates were lower than anticipated. Prescribing was broadly on plan based on the month five Prescribing Monitoring Document.</p> <p>It was acknowledged that the CCG was in a reasonable position to achieve the required surplus position in line with NHS England requirements. Next year would bring challenges, but also opportunities for review of services to generate efficiencies.</p> <p>SP reported against the financial risks and reserves on page nine of the report. An emerging risk had been identified around VAT in relation to Wiltshire Health and Care (WH&C), which had been overlooked during the set-up of the organisation. A VAT review carried out at GWH had identified some areas where VAT should have been charged since its formation in July 2016. The potential implication for WH&C for 2016/17 could be between £600k - £900k, with similar expected for 2017/18. The full exposure could be between £700k - £2.1m following the review. SP has discussed this with WH&C; as it is likely that they may seek additional funding to cover these costs. During the set-up discussions, the CCG had accepted possible VAT implications and agreed to cover any arising VAT pressures. Some funds had been set aside. The CCG was content with the funding risk going forward. A tax pressure had been created from the creation of WH&C. SP would be writing to NHS England to raise awareness of this risk, as there could be national implications for other similar organisational structures, particularly with the progression of Accountable Care Systems. HMRC did not recognise WH&C as a Department of Health Group and NHS organisation. It was hoped NHS England would support the change in status to get WH&C incorporated.</p>	
<p>FIN/17/11/05</p>	<p>Update on Electronic Referral Trends and Pathway</p> <p>The briefing paper had been requested by the Committee. There was notable demand management of elective referral work underway across the STP, bringing a</p>	

	<p>positive impact. The model had been nationally recognised and was to be presented to the national NHS Elective Intensive Support conference in April 2018.</p> <p>Elective referrals were down by 8%, with activity being diverted from the acutes to independent providers. This work would be ongoing to reduce waiting times for patients and to prevent further growth of backlogs.</p> <p>WCCG was 6% under plan at month five for elective inpatient and day case activity, and was 1% over plan on outpatient attendances, with a 1% reduction on follow ups. Activity was moving in the right direction. This indicated that the CCG had commissioned appropriate activity to deliver 18 weeks.</p> <p>GWH had been supported through the Referral Management Centre, redirecting routine gastro referrals to alternative providers. The CCG would now challenge the provider, via the Elective Care Board, to ensure backlogs were reduced within gastro.</p> <p>By April 2018, all referrals would be processed through the Referral Management Centres; currently 22 of the 31 specialities were being managed in this way. The CCG was leading this work at STP level and had delivered ahead of the national paperless system deadline of October 2018.</p> <p>Referral to Treatment (RTT) performance and waiting list sizes were shown on page three. SFT's figures were post the Lorenzo system increase. SFT were expected to have a cleaned waiting list and return to expected steady state for October.</p> <p>The charts on page four of the report indicated the RTT performance trends. The RTT figure for October was expected to be between 91.6% and 91.74%, not quite meeting the 92% constitutional target. However, it was noted that Wiltshire was seen to be improving and was ranked 13th out of 50 CCGs across the South West.</p> <p>LB referred to the workstreams listed on page five. Optoms were now in place for the Referral Management Centre and the process was working well. Other services were now being reviewed to see where else this could be implemented to create a self-sustaining model.</p> <p>A full evaluation of the impact of the CCGs investment in Ardens would be undertaken this month.</p> <p>A concern regarding increased report of patient delays getting through to the Referral Support Service had been noted. Staff capacity was sufficient, but an enhanced telephone system was required. LB and SP were looking into a new system.</p>	
<p>FIN/17/11/06</p>	<p>Financial Outlook 2018/19</p> <p>SP reported that the CCG was planning for a cumulative 1% surplus on recurrent resources for the end of 2018/19. It was anticipated that the headroom monies would be released in month 12, bringing an additional £2.9m into the cumulative surplus position – these were excluded from the calculation of the surplus requirement. Headroom monies would be held again for next year, expected at £3.3m for system reserve.</p> <p>The published allocations have been reviewed and changes to these are not expected. Appendix two illustrated the starting point for resource assumptions, using month five figures as a baseline. The CCG was in a good position and not in deficit due to its tightly controlled spending, and allocation of funding to those programmes where it was most required. Unplanned care presented a position issue for the CCG, mainly due to ambulatory care issues, but this would be</p>	

	<p>addressed for 2018/19.</p> <p>National growth assumptions had been used.</p> <p>Appendix four indicated the QIPP requirement of £15.8m for 2018/19, split by programme area on the basis of % of budget to give indicative QIPP values. SP commented that QIPP schemes needed to move towards transformational work to address ongoing issues and realise long-term benefits. It was noted that some areas had a longer lead time until benefits were realised.</p> <p>MS noted that 8% of planned spend was allocated to Community Health Services, and queried how this benchmarked against other CCG's. Neighbouring CCG performance reports would be reviewed.</p> <p>ACTION: FIN/17/11/06 - Performance reports for neighbouring CCG's to be reviewed to benchmark WCCG's planned spend against programme areas.</p>	SP / SM
FIN/17/11/07	<p>Better Care Fund Update</p> <p>MH presented the update in the absence of SSB.</p> <p>There were two key areas highlighted for Members' attention:</p> <ol style="list-style-type: none"> 1) SSB was continuing to review the BCF governance arrangements to clarify the spend, commissioning intentions and the impact on other services 2) Delayed Transfer of Care (DTC) figures were significantly away from the trajectory set for December. A DTC Task and Finish Group had been formed to identify activity to support winter pressures and the delivery of the DTC trajectory. Page three of the report indicated the 12 key actions identified. The trajectory would be difficult to deliver, but MH felt that the activity being put into place would show a positive impact. Wiltshire Council had encouraged quick fixes to be put into place to ensure the iBCF monies were not withdrawn. <p>CR felt that the report was difficult to follow. It was suggested that Sarah MacLennan proof read the report from a communications perspective (as was in place for Governing Body papers), with feedback provided to SSB.</p> <p>ACTION: FIN/17/11/07 - Sarah MacLennan to look over the BCF report format and provide feedback to Sue Shelbourn-Barrow.</p> <p>MS mentioned that the BCF Risk Register had been reviewed by the Audit and Assurance Committee on 14 November 2017, with DTC being highlighted as a significant issue. MS was concerned that a standing DTC Sub Group was to be established, implying that the DTC issue would be ongoing. Longer term transformation work was required. SP advised that the BCF funding in 2017/18 (c£40m) was not new monies and explained the make-up of the fund which included central non recurrent monies plus the aggregation of resources into the BCF which previously were in other areas (including NHSE).</p>	SMac / SSB
FIN/17/11/08	<p>Status on CCG Project Milestones for QIPP Delivery 2017/18</p> <p>RH remarked that the November QIPP report did not include the month six data as expected due to an error with the CSU production. MH had escalated the failure with the CSU. It had been found that the contract in place was vague and that it was difficult to enforce penalties, and that this would be addressed in the contract extension.</p> <p>RH reported that the urgent care QIPP scheme saving year to date had not been delivered and was a risk to the CCG.</p>	

	<p>A review was being undertaken by consultant Roshan Robati of the areas to enhance programme related working. The recommendations would be tested in the new year.</p> <p>RSH noted that the gastroenterology scheme did not have a lead and suggested that this was a factor affecting delivery. RH agreed that each area should have a lead, but competing priorities with limited resources had resulted in no lead for this area. It would be ensured that the QIPP Delivery for 2018/19 had confirmed leads.</p>	
FIN/17/11/09	<p>Delivery of Constitutional Targets Delivery Update</p> <p>In the absence of JD, SP asked Members for any questions concerning the circulated constitutional targets and delivery update paper. There were none as it was agreed that areas had been covered in previous agenda items.</p>	
FIN/17/11/10	<p>Mental Health Financial Position and Performance Update</p> <p>NG presented the paper. The CCG's total planned spend for mental health across all providers for 2017/18 was £50.2m. Mental health services and compliance with the Mental Health Investment Standard was closely monitored by NHS England. The CCG was on track to deliver an increase of 2.4% above last year.</p> <p>40 different providers were commissioned by the CCG to deliver mental health services across the county. The new payment by results tariff would become mandatory from 2018/19, which would initially only affect Avon and Wiltshire Partnership NHS Foundation Trust (AWP) as the main provider. Contract monitoring through the six CCGs was led by Bristol CCG. Performance management was to be changed to STP level Contract Quality and Performance Meetings, discussions were underway to put this into practice.</p> <p>The key challenges for AWP were shown on page three of the report. NG advised that there was currently one Wiltshire out of trust patient, despite the note of the overall AWP increase in the report, which was a good position for the CCG. Wiltshire figures would be included separately in future reports. AWP's transformation project would focus on bed management and out of trust placements. The CCG was required to review and regularly report specialist placements to NHS England. The status of out of trust placement pressures for AWP was to be clarified.</p> <p>ACTION: FIN/17/11/10.0 - NG to clarify the increasing pressure of AWP's Out of Trust placements position, especially regarding Wiltshire patients.</p> <p>NG reported that DTOC was an issue for AWP across all six CCGs. Wiltshire activity was monitored monthly and following recent improvements, was below 7.5%. Wiltshire DTOC figures would be separated out in future reports.</p> <p>ACTION: FIN/17/11/10.1 - Wiltshire DTOC figures to be separated out in future reports.</p> <p>KPI performance was shown on page four. A plan was in place to address the RTT backlog. The commissioners across the STP area were aware that the dynamic with AWP needed to change. There needed to be a better commissioner and provider understanding of the contract to ensure expectations were met and monitoring of performance going forward was in place. A joint commissioning strategy was to be developed.</p> <p>SP questioned if Members had found deep dives into programme areas (such as this) useful. Members agreed for deep dives to be a regular item on the Committee agenda. The January meeting would have a Community Services focus.</p> <p>ACTION: FIN/17/11/10.2 - Performance and risks of Community Services to be the deep dive focus for the January F&P Committee meeting.</p>	<p>NG</p> <p>NG</p> <p>SW / TW</p>

FIN/17/11/11	<p>Information Management and Technology Steering Group Terms of Reference The meeting was not quorate; therefore this item for decision was deferred until the January meeting.</p> <p>ACTION: FIN/17/11/11 - Information Management and Technology Steering Group Terms of Reference to be an item for decision on the January agenda.</p>	SW
FIN/17/11/12	<p>For information: Minutes from the Information Management and Technology Steering Group meetings held on 18 July 2017 and 12 September 2017 The Committee noted the Minutes from the Information Management and Technology Steering Group meetings held on 18 July 2017 and 12 September 2017.</p>	
FIN/17/11/13	<p>For information: Minutes from the Estates Steering Group meetings held on 8 June 2017, 21 July 2017 and 14 September 2017 The Committee noted the Minutes from the Estates Steering Group meetings held on 8 June 2017, 21 July 2017 and 14 September 2017.</p> <p>CR was concerned to read in the minutes that issues raised earlier in the year were not clearly marked as resolved, in particular the reference to the takeover of the Corsham Surgery that had not progressed. SP explained that the opportunities and cost had to be reviewed. Information regarding expected growth and primary care needs was required to aid the decision. Corsham Surgery was owned by NHS Property Services, but remained under the control of the CCG until the decision was made. The county wide strategic outline programme and estates strategy would detail the needs for each area and provide options going forward.</p>	
FIN/17/11/14	<p>Any Other Business</p> <p>a) Meeting Dates It was proposed to move the Finance and Performance Committee meetings to the third week of the month to better align reporting to systems. The Committee agreed for the change in arrangements.</p> <p>ACTION: FIN/17/11/14 - F&P Committee meetings to be moved to the third week of the month. New dates to be circulated.</p> <p>The meeting was closed at 13.00hrs</p>	SW

**Date of next Finance and Performance Committee Meeting:
Tuesday 16 January 2018, 15.15 – 17.00hrs**