

**MINUTES OF FINANCE AND PERFORMANCE COMMITTEE MEETING
HELD ON TUESDAY 20 MARCH 2018 AT 13.00hrs
AT SOUTHGATE HOUSE, DEVIZES**

Voting Members Present:

Dr Richard Sandford-Hill	RSH	Chair, CCG
Linda Prosser	LP	Interim Chief Officer
Steve Perkins	SP	Chief Financial Officer
Mark Harris	MH	Chief Operating Officer
Peter Lucas	PL	Vice Chair, Lay Member
Dr Mark Smithies	MS	Secondary Care Doctor
Dr Anna Collings	AC	GP, Vice Chair, NEW

In Attendance:

Jo Cullen	JC	Director of Primary Care and Urgent Care/Group Director West
Ted Wilson	TW	Director of Community and Joint Specialist Commissioning/Group Director NEW
John Dudgeon	JD	Associate Director of Information
Sharon Woolley	SW	Board Administrator
Shelley Watson	SWa	Senior Commissioning Manager (<i>for item 13</i>)
Tony Marvell	TM	Wiltshire Council (<i>for item 12</i>)

Apologies:

Lucy Baker	LB	Acting Director of Acute Commissioning
Sujata McNab	SM	Deputy Chief Financial Officer
Dr Toby Davies	TD	GP Chair, Sarum
Dina McAlpine	DMcA	Director of Nursing and Quality / Registered Nurse
Dr Catrinel Wright	CW	GP, Interim Chair, West
Dr Lindsay Kinlin	LK	GP, Interim Vice Chair, West
Rob Hayday	RH	Associate Director of Performance, Corporate Services and Head of PMO
Dr Andrew Girdher	AG	GP, Chair, NEW
Christine Reid	CR	Lay Member

Item Number	Item	Action
FIN/18/03/01	Welcome and apologies for absence RSH welcomed attendees, the above apologies were noted.	
FIN/18/03/02	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.	
FIN/18/03/03	Minutes of the meeting 21 November 2017	

	The minutes of the meeting held on the 21 November 2017 were agreed as a true record.	
FIN/18/03/04	<p>Matters Arising</p> <p>a) CCG Expenditure Benchmarking SP explained that the paper gave high-level benchmarking information of neighbouring CCGs and local and national averages. The Committee had requested this information during the community services discussion at the November meeting. The CCG allocated 8% of its budget to community services, whereas BaNES, Gloucestershire and Dorset allocated 10%. The CCGs were broadly comparable in other areas. WCCGs forecasted spend per head of population for 2017/18 was £1380; an increase on 2016/17 and above the average. It was noted that WCCG was spending less on mental health services than others, but this may be a classification issue.</p> <p>It was suggested that Primary Care Co-Commissioning monies be removed to provide a more equal level of comparison with prior year benchmarking information.</p> <p>ACTION: FIN/18/03/04a - Primary Care Co-Commissioning monies to be removed from the 2017/18 Wiltshire CCG figures to provide a more equal level of comparison with the prior year benchmarking information. To be brought to the May Committee meeting.</p> <p>b) AWP's Out of Trust Placements Position TW recalled that this referred to Adult Mental Health patients who were out of Wiltshire placements. TW reported that there were currently zero out of area placements. These continued to be monitored closely and those recorded were repatriated locally as soon as possible. This information would be included in the dashboard of the Integrated Performance Report.</p> <p>ACTION: FIN/18/04/04b - AWP's out of trust placement figures to be included in the dashboard of the Integrated Performance Report</p> <p>c) Electronic Referral to Treatment PL questioned if the Arden's evaluation of the Electronic Referral to Treatment service and patient uptake had yet been carried out, as referenced in the November minutes. MH confirmed that this was currently underway and a full report would be given at a Clinical Exec. Members requested that the financial element of the report be brought to this Committee when available.</p> <p>ACTION: FIN/18/04/04c - Arden's evaluation report (financial element) to be brought to the Committee when available. (Clinical Exec would receive the full report)</p>	<p>SM</p> <p>TW/JD</p> <p>LB</p>
FIN/18/03/05	<p>Action Tracker:</p> <p>FIN/17/01/06.1 - SP clarified that this action referred to the ongoing dispute with Swindon Borough Council over residence of CHC patients. The CCG had continued to fund patient care. Although there was now no ongoing financial risk to the CCG, a Chief Officer to Chief Officer meeting was now needed to resolve this ongoing dispute. (The patient charges dispute with Wiltshire Council was to be a separate action) ONGOING</p> <p>FIN/17/07/07 - MH confirmed that the ORCP letters had been sent out, responses were awaited. CLOSED</p> <p>FIN/17/09/06 - MH confirmed that Attain were finalising the Primary Care and</p>	SP

	Urgent Care Strategies. These would be brought for sign off to the April GB Seminar, and then shared at the GB Public Session in May. CLOSED	
FIN/18/03/06	Finance and Performance Committee Terms of Reference The Committee agreed the Finance and Performance Committee Terms of Reference. These would be taken to the Governing Body for approval.	
FIN/18/03/07	Information Management and Technology Steering Group Terms of Reference The Information Management and Technology Steering Group was a subset group of this Committee. The Committee approved the Steering Group Terms of Reference.	
FIN/18/03/08	Financial Position SP reported that the CCG was on course to deliver its £57k surplus. It was anticipated that the headroom monies held back for risk reserve would be made available to the CCG in 2019/20 to use for transformational programmes, subject to the production of a business case and agreement from NHS England. Across 16/17 and 17/18 this equated to c£8.6m which would be available for drawdown. The CCG needed to start exploring potential transformation projects for the system in readiness for when the money was made available to draw down. Clarification of the process and timescales was to be sought from NHS England. LP informed the Committee of a couple of potential areas already in train that were transformational projects; the implementation of the Care Model following approval in April, and conversations had commenced concerning the proposed acute transformation and seed funding. The work to implement the Primary Care Strategy would run alongside this, in combination with the development of the GP Alliance. LP and SP had commenced discussions specifically with Salisbury Foundation Trust (SFT) to support them towards creating a sustainable hospital in Salisbury and to declutter them of urgent care work to enable them to increase elective care activity, rather than outsourcing. SP advised that across the STP, the redesign of site and patient flow was a focus. Capital investment proposals within the STP needed to have support of the STP – it was suggested that as and when proposals are developed by partners that they are brought to the Clinical Executive for review and endorsement when available. ACTION: FIN/18/03/08 - Transformation capital investment. Options to be taken to Clinical Exec when available.	SP
FIN/18/03/09	Status on CCG Project Milestones for QIPP Delivery 2017/18 The report provided an update against the QIPP workstreams at Month 9. MH reported that the 2018/19 QIPP schemes were being discussed and models tested to ensure robustness of project plans and that adequate resources were available. Urgent Care always presented a challenge. Growth of activity had been mitigated through previous schemes and the Better Care Fund, but it was not meeting its savings target. QIPP initiatives for other areas had also helped to slow the impact upon Urgent Care. MH advised that EMT had identified 15 areas/scoping work for 2018/19. MH was to further populate this and would bring it to the May Committee meeting. ACTION: FIN/18/03/09 - MH to further populate the paper as discussed with EMT on 19/03/18 concerning the 15 potential scheme areas/scoping work for 2018/19, and bring to the May Committee meeting. (in place of the M10 and M11 report).	MH

	<p>Lead indicators were required against each QIPP scheme, as well as the measurements in place to support QIPP overall. GP leads were needed against Planned Care specialities. This would be further discussed at the Away Day in April. Governance of programme areas was being looked into; the set-up of an Urgent Care Programme Board had been suggested to test and oversee schemes.</p>	
<p>FIN/18/03/10</p>	<p>Delivery of Constitutional Targets Delivery Update JD talked through the update paper, which provided Month 9 data.</p> <p>A&E 4 hour wait targets had been challenging for all three acutes with the recent winter pressures. The current figures reflected a decline in position than this time last year. 2018/19 plans were needed with achievable milestone targets agreed to give a trajectory of improving performance each month.</p> <p>All three acutes had reported an increase in Delayed Transfer of Care (DTC); some were due to assessment delays, assigning care home placements or packages of care. MS felt that it was evident that acutes were not operating the choice policy correctly, which was affecting other areas. Further integration of services was needed. JC advised that the definitions of the DTC list were to be reviewed against the pathways required; the list was split into stranded and super stranded.</p> <p>Dementia diagnosis rate was below the 67% target. TW advised that a letter had been set to all practices concerning this and to encourage practices support. A monthly review of the formula was now in place and was impacting on the achievement of the target. JD reported that a slight drop had been seen in some of the merges practices.</p> <p>TW advised that the figures within the report against the mental health Care Programme Approach target were an average of the quarterly figures. It was expected that these would be above target.</p>	
<p>FIN/18/03/11</p>	<p>Financial Plans for 2018/19 SP gave a verbal report for the item. A paper would be presented to the Public Session of the Governing Body on 27 March 2018.</p> <p>Of the £1.6bn allocated to the Health Service by the Chancellor last Autumn, £600m was put into CCG baselines with £5m allocated to Wiltshire – this has been included in reserves to be utilised to support contracting for additional activity.</p> <p>In line with NHS England's business rules, CCGs are required to deliver a cumulative 1% surplus against resources. For 2018/19 the in-year surplus required by WCCG would be £195k giving a total accumulated 1% surplus of £6.3m.</p> <p>The national Payment by Results tariff and the cash releasing efficient saving requirements had been applied and the budgets had been adjusted and linked to the Indicative Hospital Activity Model (IHAM). This was a shared approach amongst providers and STP partners. A level of growth had also been applied, and investments or disinvestments in services reflected where required.</p> <p>The CCG has a QIPP savings target of £15.8m for 2018/19, which equated to 2.3% of our resources. Discussions had been held with NHS England on the plan and the associated QIPP level within it MS felt there was mileage through a QIPP programme in helping to align policies across the acutes to transform services, helping to standardise and sustain acutes at the STP level. The STP Finance Workstream had been tasked with reviewing population budgets and fixed envelopes. Profitable elective care work was being outsourced due to capacity within the acutes. This was detrimental to their financial positions and their ability to generate a surplus. LP confirmed that an Elective Care Strategy was being</p>	

	<p>developed.</p> <p>SP reported that the key risks associated to the financial position for 2018/19 were largely around not delivering the planned surplus or required levels of QIPP. Over performance within providers was expected to pose the biggest risk to the position. Activity plan assumptions had been made. Budget envelopes were being reviewed.</p> <p>ACTION: FIN/18/03/11 - Detailed budget envelopes to be brought to the Committee when available.</p> <p><i>(14.10hrs SWa and TM joined the meeting)</i></p>	SM
FIN/18/03/12	<p>Better Care Fund Update</p> <p>TM reported against the Better Care Fund (BCF) management information for up to the end of January 2018. There were current issues with the reablement measure data, this was being reviewed. Cleaned up local data was required to allow a year on year comparison.</p> <p>ACTION: FIN/18/03/12 - Cleaned up BCF data required to enable year on year comparison and to show local plan figures.</p> <p>Although admissions to care homes were seen to be stable, the impact on areas and the whole system needed to be understood, especially with regards DTOC. Section three indicted a positive DTOC trend for July to January, and was an improvement on this time last year, despite more pressures in the system. Patient choice had been a factor. Appendix A provided actual and aspirational DTOC information.</p> <p>Optimisation of intermediate care beds was being looked into with TW and partners, a report would be prepared for the Integration and Better Care Fund Boards in March.</p> <p>A stocktake process was underway, but had been put on hold during the CQC review. This would look at those schemes to prioritise and transformation areas. The CCG would consider the outputs from the stocktake to understand existing scheme performance and the spending review.</p> <p>TW advised that work was underway with Wiltshire Health and Care to deliver choice policy training. An intermediate care workshop had been held with social care colleagues and focussed on dealing with difficult conversations. There was currently no flow through the 70 intermediate care beds, which was affecting the rest of the system. These should only be a temporary solution.</p> <p>JC felt case studies of tracking patients would be beneficial. A review of winter would be carried out once out of the winter pressure period.</p> <p>MS queried the metrics of care homes, the value for money and the ongoing spot purchasing. Market management was needed as the demand was there. TM advised that Graham Wilkins at Wiltshire Council was leading on the transformation work, but would raise this with him.</p> <p><i>(14.30hrs TM left the meeting)</i></p>	Tony Marvell
FIN/18/03/13	<p>Financial Position and Performance Update of the Adult Community Services Contract</p> <p>SWa talked through the paper, which reviewed Month 10 data up to the end of January 2018. The Adult Community Health Services contract forecast spend with Wiltshire Health and Care (WH&C) was £43m. The investments made were shown on page 3 of the report.</p>	

	<p>TW felt that overall the performance of WH&C was good. They were coming to the end of their second year of a five year contract. WH&C were involved in discussions concerning integration of services with other areas.</p> <p>Although the DTOC figures were down, it was noted that care home admissions and Help to Live at Home support was on the increase. LP advised that the cancellation of the provider contract by Wiltshire Council had seen an affect; new providers would be in place later in the year.</p> <p>SP referred to the VAT risk that was noted under section six. WH&C is a limited liability partnership and, although not an NHS Trust, follows the NHS improvement regulations. The VAT issue was an unexpected consequence of the formation of WH&C and the buying back of services from GWH and the impact on its partial exemption.</p>	
FIN/18/03/14	<i>Item removed</i>	
FIN/18/03/15	<p>For information: Minutes from the Information Management and Technology Steering Group meetings held on 19 December 2017 and 23 January 2018</p> <p>The Committee noted the Minutes from the Information Management and Technology Steering Group meetings held on 19 December 2017 and 23 January 2018.</p>	
FIN/18/03/17	<p>For information: Minutes from the Strategic Estates Group meeting held on 14 December 2017</p> <p>The Committee noted the Minutes from the Strategic Estates Group meeting held on 14 December 2017.</p>	
FIN/18/03/18	<p>Any Other Business</p> <p>There was none.</p> <p>The meeting was closed at 14.40hrs</p>	

**Date of next Finance and Performance Committee Meeting:
Tuesday 15 May 2018, 09.30-11.30hrs**