NHS
Wiltshire
Clinical Commissioning Group

MINUTES OF FINANCE AND PERFORMANCE COMMITTEE MEETING
HELD ON TUESDAY 15 MAY 2018 AT 9.30HRS
AT SOUTHGATE HOUSE, DEVIZES

Voting Members Present:

Dr Richard Sandford-Hill	RSH	Chair, CCG
Linda Prosser	LP	Interim Chief 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
Dr Anna Collings	AC	GP, Vice Chair, NEW *(from 9.40hrs)*

In Attendance:

Sujata McNab	SM	Deputy Chief Financial Officer
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
Rob Hayday	RH	Associate Director of Performance, Corporate Services and Head of PMO
Andy Jennings	AJ	Senior Commissioning Manager
Sharon Woolley	SW	Board Administrator
Alex Goddard	AGod	Deputy Head of Medicines Management *(for item 12 only)*
Rachel Hobson	RHob	Formulary Pharmacist *(for item 12 only)*

Apologies:

Lucy Baker	LB	Acting Director of Acute Commissioning
Steve Perkins	SP	Chief Financial Officer
Tony Marvell	TM	Wiltshire Council
Sue Shelbourn-Barrow	SSB	Director of Transformation and Integration
Dr Andrew Girdher	AG	GP, Chair, NEW

Item Number	Item	Action
FIN/18/05/01	**Welcome and apologies for absence** RSH welcomed attendees, the above apologies were noted.	
FIN/18/05/02	**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/18/05/03	**Minutes of the meeting 20 March 2018** The minutes of the meeting held on the 20 March 2018 were agreed to be an accurate record.	
FIN/18/05/04	**Matters Arising** **a) CCG Expenditure Benchmarking** SM explained that the benchmarking information as presented at the March meeting had been revised and the Primary Care Co-Commissioning figures removed (table 2). Removal of this did not greatly affect the position of WCCG in the benchmarking table. LP informed Members that this information would be used to develop the strategic investment plan. TW felt that the figure shown for mental health understated the level of investment that had been made to this area, which was above parity of esteem. SM explained that mental health services had since been rebased and the figures within the 2018/19 plan may have altered. SM and TW would review this. ACTION: FIN/18/05/04a - SMcN and TW to update with 18/19 plan values. SMcN and TW to reconcile the NHSE benchmarking to the internal CCG reported value. **b) Out of Wiltshire Placements** CR queried if figures stated within the March minutes referred to out of Wiltshire or out of AWP placements. TW understood records to be out of Wiltshire, but would clarify with AWP if placements were monitored and recorded as 'Out of Wiltshire' or 'Out of AWP'. ACTION: FIN/18/05/04b – TW to clarify with AWP if placements are monitored and recorded as 'Out of Wiltshire' or 'Out of AWP'.	**SM / TW** **TW**
FIN/18/05/05	**Action Tracker:** The following actions were updated: **FIN/18/03/04c** – Clinical Exec had discussed the Arden's evaluation report. LB would update at the next Committee meeting. **ONGOING** **FIN/18/03/05 -** A statement of intent letter had been received from Wiltshire Council on 26/04/18. LP advised that a meeting date was being sought for LP and DMcA to meet with Carlton Brand at Wiltshire Council to work through the CHC cases and the dispute resolutions. An update would be given at the next Committee meeting.	**LB** **LP**
FIN/18/05/06	**Financial Position** SM presented the Month 12 position, which confirmed that the CCG had delivered its planned in year surplus of £57k. Additional to this, in Month 12 the £2.91m headroom reserve had been released and the £0.6m of savings around the Category M drugs rebated. Table 2 reported the 2017/18 surplus position (£15.19m). PL congratulated the team on the good position, and hoped this good news would be filtered down through the organisation. The main variances in the contract overperformance were explained on pages 4 and 5 of the report. There were no risks to report. RSH questioned if the cumulative surplus of £15.19m could be used to invest in developing the CCGs strategy and services, and to push the Wiltshire community agenda. SM explained that in theory this should be possible, and that there should be an application process to follow to access this money, but this was still to be confirmed by NHS England. Opportunities were to be tied in with the overall CCG investment strategy. LP agreed to pull together a team immediately to review the investment opportunities. ACTION: FIN/18/05/06 - CCG to develop an investment strategy to inform strategic	

	planning and decision making processes. As part of this, the CCG should consider proposals to access the historic brought forward surplus. LP to pull together a team as soon as possible to review the investment opportunities. TW again raised that the mental health figures need to be revised and reconciled to ensure they were consistent in all reporting. SM advised that consistency of reporting was being looked at across all services; however coding options sometimes caused discrepancies.	**LP**
FIN/18/05/07	**Budget Setting 2018/19 – Update** SM informed Members that the paper provided an update on the final programme areas budgets for 2018/19. There was now an additional £5m within the budgets, representing Wiltshire's share of the commissioner allocation as stated in the Chancellors 2017 Health Service Autumn Statement. Table 1 listed the 2018/19 budget setting control totals as agreed with NHS England. The calculation and planned delivery of the in-year and accumulated surplus targets was shown in table 2. The CCG would be required to hold an in-year surplus of £198k. The CCG would also be required to hold a 0.5% contingency. Headroom monies are not required for 2018/19; however WCCG committed to maintaining a reserve to enable pump priming and support to service redesign. The QIPP target for 2018/19 is £15.8m; £809k of this was yet to be identified. Although this was noted as a risk to the CCG, it was being managed. Table 5 listed the investments to be made from the main allocation and headroom budgets. JC confirmed that the contract with the Salisbury Walk in Centre (SWIC) had been extended until September, therefore recurrent money had been allocated to allow for continued discussions with SWIC on supporting the improved access and extended hours programmes.	
FIN/18/05/08	**Status on CCG Project Milestones for QIPP Delivery** RH advised that a number of schemes had already been identified to cover a significant part of the £15.8m QIPP target for 2018/19, but testing was underway to ensure the Planned Care and Urgent Care schemes were correct. The paper included the high level milestone plan for each scheme, as set by the Programme Managers and the Programme Management Office. Some schemes were noted as now running as business as usual. The CSU was developing a separate QIPP report to identify when scheme benefits would be realised. Assurance of delivery against some Planned Care areas was being sought. AJ reported that schemes had over achieved for the 2017/18 and the opportunity was there now to pick up additional schemes. The Medicines Management team were finalising the implementation plan for the Blueteq system. Draft milestones against Community Pharmacist work under Prescribing were also to be signed off. MH reported that non-elective schemes were to be developed, but service redesign capacity was a significant constraint. The CCG needed to maximise the use of free capacity. NHS England had requested that CCGs considered the revised Menu of Opportunities which was being progressed. RightCare was expected to help address variation. MH explained that the biggest risk against QIPP delivery was the CCG not being on the same page as providers and the time delay in seeing the scheme savings. The recently launched Integrated Urgent Care model had created some opportunities, and it would be good to pursue the potential of these rather than trying to identify new projects. Priorities and expectations around the CCG's capacity needed to be managed. LP felt that the CCG needed to rebadge some areas of work to RightCare, capture that programmes success and analyse the data.	

	The constraints in service redesign capacity was due to some current gaps within the team, with capacity being consumed by other priorities and gaps arising from organisational changes not being backfilled. £500k had been allocated to Wiltshire Health and Care to lead on service redesign. A response and proposal was awaited. Support of the GP Alliance development would also bring a benefit to the CCG. The Governing Body had discussed process redesign. Potential changes were expected whilst developing the integration at scale which was to be worked into plans. Commissioning at scale may reduce the resource required for some commissioning areas. The possible governance structure with the Local Authority and the STP was to be looked at.	
FIN/18/05/09	**Delivery of Constitutional Targets Delivery Update** JD talked through the report, which used month 12 data. Following the validation of their Lorenzo data, SFT continued to manage its Referral to Treatment (RTT) waiting list. Referrals had seen a negative growth, with the Referral Management Centre managing the level. The risk was that of delivery capacity rather than of demand. The RTT target for 2018/19 was to continue as 92%, but also the list size was to be no greater than the size of the waiting list as at March 2018. AJ added that although the CCG did not deliver the 92% RTT target, Wiltshire was the highest performing in the BNSSG / BSW region and its demand management was a success to note. 13 breaches had been recorded for over 52 week RTT waits, largely by tertiary providers. When these had been fully coded, they may not remain with the CCG. AJ assured Members that that demand management was not leading to over treatment, especially within specialised care. GP referrals had gone down, and the patient initiated follow ups (PIFU) QIPP scheme had been successful. GWH would remain a specific focus to encourage improvement for PIFU. SFT consultants were supporting GWH with a cohort of GWH ophthalmology patients due to the long waiters. LP reported that reducing the length of stay was a significant piece of work which was starting, along with looking at Delayed Transfer of Care and serial diagnostics. There was an overarching thought leadership programme that the STP Clinical Board would be looking at across the broader economy, working with clinicians. The CCG did not currently have a dialogue with specialist commissioners. The GP perspective needed to be considered, pathways were not always correct and the quality of life aspect not always deliberated. JC advised that the DTOCs needed to be better understood and categorised into ‘stranded’ and super stranded’ as part of a patient by patient review. JD reported that GWH had seen the largest breach against the diagnostic waits target at 89.62%. Pressures were due to work force issues and staffing extra sessions. SFT would be supporting GWH with extra imaging capacity for Wiltshire patients. AJ added that each Trust had seen difficult points throughout the year. Remedial action plans were in place and monitored through contract review meetings. MS suggested that diagnostic waits should be looked at in conjunction with the serious incident reports. South Western Ambulance Service NHS Foundation Trust (SWAST) was involved in the early pilot of revised data reporting criteria, and had implemented a work programme to improve performance. SWAST would be presenting at the Governing Body meeting being held on 22 May 2018. Blocked bed days had reduced over the year, but still remained over the trajectory level. AWP’s lost bed days remained low at 3. ACTION: FIN/18/05/09.0 - A&E section to reference performance comparison to last year before incorporating constitutional target information into the May Integrated Performance Report. Activity variances had seen a 12% annual growth, however there were known	**JD**

	counting issues to be resolved. Although it was expected that these adjustments would reduce growth to 6%, this was still a substantial non-elective growth. A deep dive of RUH would be undertaken to better understand the growth. Admission criteria for single stays would be an area of focus. The activity growth included for 2018/19 was sufficient to deliver the RTT standard. RSH queried if the continued high A&E attendances was cause of any practice issues, particularly in the Salisbury area. JC advised that the data needed to be reviewed and understood. Activity was up across the system. Primary Care pressures would significantly impact upon acute activity. Information needed to be captured and analysed as it would help support investment decisions. ACTION: FIN/18/05/09.1 - Practice data to be reviewed to identify admissions to A&E per Practice to identify the full pathway affect.	**JC**
FIN/18/05/10	**Better Care Fund Update** In the absence of Tony Marvell, MH highlighted the following key points in terms of the report: • Non electives - 12% higher than plan and, after changes to reporting in the year, non electives were running 6% higher than plan • Permanent admissions to residential remains good and well under plan at 367 compared to the target of 525 • Reablement measure (at home 90 days after discharge) – still data issues that were being worked on. Current data suggests 67% versus 85% target. • DTOC continues to fall compared to the previous year, and it was expected that this would overall be 5% lower than 2016/17. • Good progress being made to rescope integration and associated governance arrangements, including new specific schemes to improve performance for the above	
FIN/18/05/11	**Estates Programme Update – Devizes** Item deferred to the July meeting.	
FIN/18/05/13	**Finance and Performance Committee Work Plan 2018/19** The Committee approved the Work Plan for 2018/19, with the addition of the 3 to 5 year financial plan to be added for January 2019. ACTION: FIN/18/05/13 - Three to five year financial plan item to be added to the Committee Work Plan for Jan 2019.	**SW**
FIN/18/05/14	**For information: Minutes from the Strategic Estates Group meeting held on 30 January 2018** The Committee noted the Minutes from the Strategic Estates Group meeting held on 30 January 2018. *(10:55hrs - AGod and RHob joined the meeting)*	
FIN/18/05/12 *(item moved)*	**Update on Medicines Management Primary and Secondary Care Finance Related Drugs** AGod explained that the paper gave an overview on the medicines management across primary and secondary care for 2017/18, current challenges and planned mitigation. Last year the biggest risk and cost pressure to the service was 'No Cheaper Stock Obtainable', which was outside of the CCGs control and with little notice given. This had seen a significant peak in October 2017 with a cost of £3.2m, which was absorbed into the Medicines Management position, masking the savings made through the 2017/18 QIPP scheme. RHob explained that notice was not given about medicines not being available, and high price ranges were in place due to licences being taken over. On occasion some investigations were carried out and fines issued to manufacturers by the Competition and Markets Authority. The 2018/19 QIPP projects for primary and secondary care were listed on page 3.	

	RHob reported that the spend on high cost drugs and the biologic group of drugs varied across the three acutes, with SFT being the highest spender, highlighting the variance in clinical practice and interpretation of the NICE guidance. Discussions would commence with consultants on the order of drugs they were to prescribe. Permission had to be sought when increasing drug costs. The implementation of the Blueteq system would provide clear and agreed pathways. The current spend would be difficult to reduce, but Blueteq would help with new patient prescriptions. The Committee agreed that the level of SFT Rheumatology spend was unacceptable and should be investigated. AJ explained that this matter would be raised as part of the SFT contract review meetings. It was a responsibility of the senior clinicians to help with budget management. A brief would be prepared for LP and the Executive Team; looking at what was coming up, points of control, biosimilar switches and opportunities. EMT would then consider the engagement options. Rheumatology Clinicians may be invited to attend a meeting with the CCG if it was not resolved. ACTION: FIN/18/05/12 - CCG Pharmacists to prepare brief for LP /EMT concerning SFT's continued use of the higher costing drugs to treat inflammatory conditions. Rheumatology Clinicians may be invited to a meeting with CCG Clinical Leads if the issue cannot be resolved through a contractual route. AGod referred Members to page 6 of the report; the next 12 months would see a big risk regarding antibiotics and the national guidance. The CCG Communications Team were to support the promotion of the Over the Counter Self Care programme. NHS England had released guidance on those medicines no longer to be routinely prescribed. Over the counter products were to be available to promote self-care, reducing the need for an appointment. The overall QIPP saving opportunities for 2018/19 were shown on page 11; £1m for primary care and £800k for secondary care. *(11.12hrs – AGod and RHob left the meeting)*	**RHob / Nadine Fox**
FIN/18/05/15	**Any Other Business** **a) Prescription Ordering Direct (POD) Service and Prescribing Incentive Scheme** SM reported that the CCG had agreed to extend the POD contract using headroom monies. Aligned to this was the need to review the Prescribing Incentive Scheme. JC and SP were to review the offer of the Incentive Scheme, particularly for those Practices benefitting from being involved in the POD service. A commitment from Practices was needed to continue POD delivery. There was potential to expand the service to become a resource for care homes. TD felt that online access should also be considered as part of the service. The Committee agreed that authority to make decisions on this matter could be delegated to JC and SP and reported back.	
	The meeting was closed at 11.18hrs	

Date of next Finance and Performance Committee Meeting:
Tuesday 17 July 2018, 09.30-11.30hrs