

**MINUTES OF FINANCE AND PERFORMANCE COMMITTEE MEETING
HELD ON TUESDAY 18 SEPTEMBER 2018 AT 9.30HRS
AT SOUTHGATE HOUSE, DEVIZES**

Voting Members Present:

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

In Attendance:

| | | |
|----------------|----|--|
| John Measham | JM | Deputy Chief Financial Officer |
| Mark Harris | MH | Chief Operating 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 |
| Lucy Baker | LB | Acting Director of Acute Commissioning |
| Sharon Woolley | SW | Board Administrator |
| Tony Marvell | TM | Wiltshire Council <i>(for item 9 only)</i> |
| Jeremey Hooper | JH | Wiltshire Council <i>(for item 9 only)</i> |

Apologies:

| | | |
|--------------------|----|---------------------------|
| Dr Catrinel Wright | CW | GP, Interim Chair of West |
| Dr Toby Davies | TD | GP Chair, Sarum |
| Dr Andrew Girdher | AG | GP, Chair, NEW |
| Dr Helen Osborn | HO | Medical Adviser |

| Item Number | Item | Action |
|--------------|--|--------|
| FIN/18/09/01 | Welcome and apologies for absence RSH welcomed attendees, the above apologies were noted. | |
| FIN/18/09/02 | 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. The meeting was quorate. | |
| FIN/18/09/03 | Minutes of the meeting 17 July 2018 The minutes of the meeting held on the 17 July 2018 were agreed to be an accurate record. | |

| | | |
|--------------|---|-------------------------------|
| FIN/18/09/04 | <p>Matters Arising</p> <p>a) Update on Continuing Healthcare Patient Charges Disputers with Swindon Borough Council and Wiltshire Council. Update provided under item 5.</p> | |
| FIN/18/09/05 | <p>Action Tracker: The following actions were updated:</p> <ul style="list-style-type: none"> • FIN/18/03/15 - LP reported that a meeting had been held with Wiltshire Council representatives, at which the Council had proposed to transition three of the six CHC cases, but further investigate the eligibility of the remaining three. Taking into account a current dispute between Wiltshire Council and West Hampshire CCG, and WCCG's assistance to help resolve that; WCCG had not agreed this offer. Discussions continued. <p>CHC systems and policies were now being agreed and put into place. The first meeting of the CHC Joint Programme Board had been held on 04/09/18, looking at joint assessments and payment of backlogs. Progress Reports would be brought to this Committee. The Terms of Reference and work plan for the Board would be brought to the November Committee. The Committee were concerned of the reputation risk to the CCG for this long standing issue and requested that it be resolved before the end of the financial year. ONGOING</p> <ul style="list-style-type: none"> • FIN/17/01.06.1 - SP had written to Swindon Borough Council. A meeting of Chief Officer's was to be set up to resolve this dispute. A report would be brought back to the November Committee meeting. ONGOING • FIN/18/03/04c - LB reported that the Arden's analysis and recommendation report had been produced and would be reviewed by EMT and Clinical Exec. It was agreed that it did not therefore need to come to this Committee. CLOSED • FIN/18/03/12 – Agenda item. CLOSED • FIN/18/05/04b - TW reported that a definite answer was still awaited, but the team were working to the assumption that Out of Area Placements was outside the STP footprint. A letter would be drafted for LP to send to NHS England for clarification. ONGOING • FIN/18/07/07.0 - Covered in the Financial Position and Activity paper. CLOSED <p>All other actions were closed.</p> | <p>LP</p> <p>SP</p> <p>TW</p> |
| FIN/18/09/06 | <p>Financial and Activity Position</p> <p>SP advised that the CCG had agreed with NHS England to revise its plans, increasing its planned in year surplus by £1.5m to £1.698m. The CCG was in line to deliver this revised surplus. This was a plan change and would not be shown as over performance; however the CCG would be assessed against its original plan for the assurance rating process.</p> <p>SP explained that NHSE were seeking to close the NHS financial planning gap (£0.5bn) and that this movement was due to the treatment of prior year allocations where the expenditure had been incurred. NHSE have confirmed that the CCG will be able to access this funding in 2019/20 plus be able to access a matching amount from the accumulated surplus (which was contributed to from headroom funds in prior years to mitigate the financial risk of the NHS position). This would bring £3m of new funding for Wiltshire for the next financial year to support transformation STP work. SP confirmed that WCCG had accepted the proposal, which had been confirmed in writing by Paul Baumann. This would generate a system benefit and secure better opportunities for the STP.</p> <p>The CCG would develop a business case for use of these monies to support STP wide transformational and sustainability work from 1 April 2019. It was suggested that funds could be used to increase resources to progress the development and</p> | |

| | | |
|--------------|--|----|
| | <p>delivery of the care model. Programmes would be prioritised and evaluated to ensure they supported change. A draft business case would be brought to the November meeting for comment, and then shared with the STP at the November STP Exec meeting.</p> <p>ACTION: FIN/18/09/06 - SP to work with colleagues to develop transformational work business case, using funding to be received back from NHS England for 2019/20. This would be brought to the November Committee meeting for discussion, and then shared with the STP Exec at their November meeting.</p> <p>Referring to the position paper, SP reported that there were non-elective admissions, outpatient and long stay patient pressures. SFT particularly was reporting non-elective pressures and had now been issued with a contract performance notice. LB advised that a deep dive had been undertaken and growth had been confirmed. The Local Delivery Board would review the report further. Action was needed as a system to reduce the activity. The pressures on the system were impacting upon the delivery of the CCGs QIPP.</p> <p>RSH queried if the increase in A&E admissions were linked to those Practices under pressure. JC felt there was a need to analyse both sets of data and review the pathway and route to access to identify if there was a pattern. Different trends were being reported across all three acutes. Figures indicated a disproportionate growth. April 2018 was higher than the same period in 2017.</p> <p>The CCG held a 1% contingency to mitigate any financial risks. Discussions were to be held with Wiltshire Health and Care concerning the transfer of assets from GWH to Property Services, and the market rent costs. This brought a potential cost pressure for the CCG as underwriter against this.</p> <p>RH advised that the QIPP information had been merged into this report. The report referred to month 4 data and indicated that the CCG was delivering 87% of its QIPP plan. Blueteq was the main issue for under delivery, which was a system to be implemented across the three acutes for authorisation of high cost drugs across speciality areas. The staff resource risk against the management of the project had been recognised and responsibilities re-allocated. LB, MH and SP were to identify the actions to alleviate concerns regarding QIPP achievement and to re-scope the Blueteq work stream and the use of replacement drugs. There was a need to align to BaNES and Swindon CCG's. LB reported that Blueteq had gone live in some specialities and a Band 8a Pharmacist post had been recruited to ensure progression and drive the project forward amongst the acutes. Blueteq was a system that would demand a change in clinical behaviour.</p> | SP |
| FIN/18/09/07 | <p>Draft CCG Financial Strategy</p> <p>SP introduced the Financial Strategy, which was being shared in draft form to gather comments at this stage.</p> <p>The paper detailed the financial allocation, and acknowledged that Wiltshire was underfunded. By 2020/21, Wiltshire CCG would be £11m underfunded, with the additional place based funding and specialist commissioning, this would increase to £21m. BaNES, Swindon and Wiltshire were within the 10-15% of those most underfunded. A baseline allocation was anticipated as part of the Resource Allocation. It was suggested that Wiltshire MPs should be made aware of this position for their county and population, and the unequal distribution of funds. A brief was to be prepared for MPs to give the STP approach. There had been specific pressures of demographic growth for Wiltshire. A 0.6% growth was anticipated in population projections (ONS), this did not include the proposed repatriation of military troops to the county. NHS England were to give guidance on how that would be reflected through the allocation. The repatriation would impact upon all services.</p> <p>ACTION: FIN/18/09/07.0 - Brief to be prepared for Wiltshire MPs on the NHS</p> | SP |

| | | |
|--|---|------------------|
| | <p>funding allocations for the country, and the shortfall for Wiltshire. The brief to reference the overall STP position.</p> <p>The information from Public Health’s Joint Strategic Needs Assessment (currently being updated), Right Care expectations and the ‘Ideas’ work that ascended from the CCG Executive Away Day would help inform this financial strategy further and define the local need. Local indicators had been referenced giving the static position. The age profile change would be factored in. A Better Care Fund section would be included to define the CCG’s contribution, the investments made and the strategic priorities and challenges. Transparency and granularity was needed.</p> <p>Prioritising investments would be shown under section eight, and would consider different influencers and legal factors. Financial benefit and quality outcomes for each were to be reflected. LP suggested using the scoring chart as used by Sandwell and West Birmingham CCG recently to prioritise their work programmes would be useful to develop this section. Ambitions of prevention and community based services would be a key priority, helping to deliver and transform the primary and social care services. Wiltshire’s short, medium and long term views would be incorporated. The Chief Financial Officers of Wiltshire, BaNES and Swindon were to share the same consistent approach and criteria. Stakeholders, such as Public Health, were to be engaged with the process to agree outcomes and measures.</p> <p>MH advised that the care model principle had been signed off by the Governing Body, but the strategy documents were still in development. The implementation of the clinical strategy would give the CCG direction against its ambitions and would inform the investment priorities for the financial strategy.</p> <p>It was agreed that the draft had aided some useful discussion, which should continue with further clinical and Public Health input via the Clinical Executive.</p> <p>ACTION: FIN/18/09/07.1 - Draft Financial Strategy to be taken to the November Clinical Exec meeting for discussion.</p> <p><i>(10.45hrs – SP left the meeting – JM, as the Deputy Chief Financial Officer was the deputy for SP and was recognised as a member of the Committee for the purpose of establishing a Quorum from this point of the meeting.)</i></p> <p><i>(10.45hrs – Tony Marvell and Jeremey Hooper joined the meeting)</i></p> | <p>SP</p> |
| <p>FIN/18/09/09 <i>(item moved)</i></p> | <p>Better Care Fund Update</p> <p>TM explained that the report updated Members against the four national Better Care Plan Metrics as set by NHS England. Section two gave the position, stating the growth and pressures. There were ongoing issues with the re-ablement measures data available from Wiltshire Health and Care (WH&C), work was underway to resolve the information governance issues to enable record level data to be provided.</p> <p>Delayed Transfers of Care (DTC) figures were available up to June 2018. Although still high, quarter one showed a 38% improvement on the same period last year. A month on month improvement was being seen.</p> <p>The initiatives in place to mitigate delays were detailed on page four. Wiltshire Council and WH&C were working to redesign the Home First pathway. Additional funds had been secured to increase capacity to enable an additional 1600 people to be supported to reduce delayed transfers by 134 per month. Working with the acutes, it was hoped the stays over 21 days would reduce by 25% by 31 December 2018. This was an STP wide focus. Trusted Assessors was a new initiative to be implemented, relaunching the model of Trusted Assessments. The proposal was to be taken to the Integration Board for approval. 2000 further days could be saved annually.</p> | |

| | | |
|----------------------------|---|----------------------------|
| | <p>There was a requirement to refresh the Better Care Fund (BCF) Plan following the CQC review. Trajectories and funding commitments were to be updated. New BCF governance arrangements were expected. The Wiltshire Commissioning Group would be reviewing the schemes, with input from the Providers Group.</p> <p>TM referred to the dashboard included within the report and questioned if the format and data was as required for this Committee. This was discussed and the following suggestions noted to ensure it captured all data and activity once as a system:</p> <ul style="list-style-type: none"> • Narrative and noted actions around charts and figures required • Document to be adequate for the various forums it was shared with • Break down of schemes and budget allocation • STP wide dashboard required – context of all plans and work streams, including STP wide programmes, but with local detail <p>JD reported that a draft STP wide report had been produced, pulling together common measures. JH had provided Wiltshire Council information, but JH and TM had not been involved in the design of the overall dashboard.</p> <p>ACTION: FIN/18/09/09 - TW, JD, Tony Marvell and Jeremey Hooper to align relevant performance reports and develop one overall dashboard.</p> <p>TW reported that there was a new framework in place for Wiltshire Council, working differently with care home providers. Additional capacity had been implemented, over the next fortnight the impact would be realised. It was hoped this would stop the need for block contract of the two care providers.</p> <p><i>(11.10hrs – TM and JH left the meeting)</i></p> | <p>JD / TM / JH</p> |
| <p>FIN/18/09/08</p> | <p>Delivery of Constitutional Targets Update</p> <p>MH introduced the paper and advised Members that the focus for NHS England was around Referral to Treatment waiting list size, 62 day Cancer waits, Dementia and A&E four hour response times.</p> <p>LB reported that there had been a notable shift and a 1,569 growth in elective activity over the last four months. Assurance had been received from SFT who had achieved the standard in July with 93.7%. However, there was an underperformance from the RUH and particular growth for GWH. A remedial action plan was now in place. There were 13 over 52 week wait breaches in June. There had been a delay in issuing revised admission dates, but these were now in place. The SFT surgeon was working with GWH to clear the backlog. GWH and SFT were on track to deliver against their performance trajectories. RUH were to provide an update by the end of September.</p> <p>The Cancer performance against the 85% 62 days target was noted as 77.6% for the July data recently received. The main cause of breach was due to urology patients awaiting their chosen robotic surgery in tertiary centres. Capacity was an issue. This was a national issue. Southampton had increased their capacity to help mitigate the risk. RUH, GWH and SFT were showing recovery. LB explained that the majority of urology cases related to prostate. Recent 'blood and pee' and celebrity campaigns, and involvement from a local charity had increased the request for prostate checks. Terry Jones (Commissioning Manager Cancer Lead) was to work with the Logan Berry Trust on their strategy and communications. The prostate pathway was being redesigned and risk stratification identified. Dr Andy Hall was leading this STP wide piece of work. Information regarding the redesign of the urology Cancer prostate pathway would be taken to Clinical Exec in due course.</p> <p>ACTION: FIN/18/09/08 - Information regarding the redesign of the urology Cancer prostate pathway to be shared at Clinical Exec.</p> <p>JC reported that it had been a challenging quarter for the A&E four hour</p> | <p>LB</p> |

| | | |
|---|--|--|
| | <p>performance target. The data was to be reviewed by the Local Delivery Board to analyse SWAST progress against the new model and ambulance performance targets.</p> <p>TW reported the team had worked with GP Practices and the CCG was now only 0.6% away from achieving the national target. It was hoped it would be achieved in September. NHS England had congratulated the CCG on its progress.</p> | |
| FIN/18/09/10 | <p>Primary Care Delegated Commissioning JC presented the deep dive paper on the current financial position and performance of delegated Primary Care commissioning services.</p> <p>The year to date position indicated an underspend of £234k, but forecast a break even position by the year end.</p> <p>45 of the 49 services had transitioned from NHS England to WCCG. There were some significant areas still to transition, including Quality and Outcomes Framework (QOF) Management. The CCG continued to commission five Directed Enhanced Services (DES') and Primary Care Offer enhanced services.</p> <p>A possible £55k overspend had been noted against the Seniority budget for 2018/19 following a 31% assumed reduction on 2017/18 reflected in the budget. Rent reimbursement issues had been noted and raised with NHS England for guidance. Legacy issues had also been flagged with NHS England.</p> <p>Delegated commissioning continues to be monitored through the Primary Care Operation Group and through the Primary Care Commissioning Committee. The risks were noted, but mitigations were in place to manage the issues. There had been a significant impact upon all CCG teams, not just Primary Care.</p> <p>RH raised concerns that had been raised with NHS England about the capacity to support any required improvements by Practices in Business Continuity, which had been the responsibility of NHSE. JC advised that delivery was being managed through GP's and was an important area of work being reviewed, despite not yet being transitioned from NHS England.</p> | |
| FIN/18/09/11 | <p>For information: Minutes from the Information Management and Technology Steering Group meeting held on 31 July 2018 The Committee noted the minutes from the Information Management and Technology Steering Group meeting held on 31 July 2018.</p> | |
| FIN/18/09/12 | <p>For information: Minutes from the Strategic Estates Group meeting held on 15 May 2018 The Committee noted the Minutes from the Strategic Estates Group meeting held on 15 May 2018.</p> | |
| FIN/18/09/13 | <p>Any Other Business There was none.</p> | |
| | <p>The meeting was closed at 11.34hrs</p> | |
| <p>Date of next Finance and Performance Committee Meeting: Tuesday 20 November 2018, 09.30-11.30hrs</p> | | |