

**MINUTES OF FINANCE AND PERFORMANCE COMMITTEE MEETING
HELD ON TUESDAY 20 NOVEMBER 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
Steve Perkins	SP	Chief Financial Officer
Christine Reid	CR	Lay Member
Dr Catrinel Wright	CW	GP, Interim Chair of West
Dr Andrew Girdher	AG	GP, Chair of NEW
Dr Toby Davies	TD	GP, Chair of Sarum (<i>from 9.45hrs</i>)

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
John Dudgeon	JD	Associate Director of Information
Sharon Woolley	SW	Board Administrator
Tony Marvell	TM	Wiltshire Council (<i>for item 10 only</i>)
Jeremey Hooper	JH	Wiltshire Council (<i>for item 10 only</i>)
Simon Yeo	SY	Estates Manager (<i>for item 11</i>)

Apologies:

Lucy Baker	LB	Acting Commissioning Director (Maternity, Children and Mental Health) Group Director (SARUM)
Ted Wilson	TW	Director of Community and Joint Specialist Commissioning/Group Director NEW
Linda Prosser	LP	Interim Chief Officer
Rob Hayday	RH	Associate Director of Performance, Corporate Services and Head of PMO

Item Number	Item	Action
FIN/18/11/01	Welcome and apologies for absence RSH welcomed attendees, the above apologies were noted.	
FIN/18/11/02	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. The meeting was quorate.	
FIN/18/11/03	Minutes of the meeting 18 September 2018 The minutes of the meeting held on the 18 September 2018 were agreed to be an accurate record.	

FIN/18/11/04	<p>Matters Arising There were no matters arising.</p>	
FIN/18/11/05	<p>Action Tracker: The following actions were updated:</p> <p>FIN/18/09/08 – MH advised that he was now the lead on this area. Details would be taken to Clinical Exec in due course. ONGOING</p> <p>FIN/17/01/06.1 – SP reported that LP had met with SBC Director Sue Wald. A 50/50 settlement had been agreed as a compromised position. (This would ensure it was closed down for this year's financial position). CLOSED</p> <p>FIN/18/03/05 - SP reported in LP's absence that of the six individuals in discussion, one had transferred to Wiltshire Council, three were to be transitioned and two thought by WC to be CHC eligible. A patient review was required but should not prevent handover. LP was still in discussion with the Council concerning the payment to be backdated to April. ONGOING</p> <p>FIN/18/05/04b – A letter had been received. This would be followed up with TW. ONGOING</p> <p><i>(9.45hrs – TD joined the meeting)</i></p> <p>FIN/18/09/07.0 - A separate brief has not been produced at this time due to the timeline not aligning with being able to influence significant change. This would be revisited in January 2019 following the publication of allocations.</p> <p>NHS England were aware of the historical underfunded gap for WCCG, the approach was to change. The BSW STP was within the top 10% of those underfunded.</p> <p>SP advised that the 2021 allocation should include increased costs for the military repatriation as it will be based on rolling populations (previously based on a fixed point estimate). The CCG would see impact on its non-elective activity levels following this, with increased numbers of soldiers, their dependencies and service providers. JC advised that repatriation was not just from Germany, but other areas. The CCG needed a view of what was expected into the area. ONGOING</p> <p>FIN/18/09/07.1 - This would be presented to Clinical Exec for discussion in due course. ONGOING</p> <p>FIN/18/09/09 - The format of the BCF report continued to be developed. ONGOING</p> <p>All other actions were closed.</p>	<p>MH</p> <p>LP</p> <p>TW</p> <p>SP</p> <p>SP</p> <p>TW / JD / Tony Marvell / Jeremy Hooper</p>

<p>FIN/18/11/06</p>	<p>Financial and Activity Position</p> <p>JM talked to the paper and reported that the CCG was online to deliver its revised planned surplus of £1.69m.</p> <p>The month seven financial position was based upon month's six SLAM activity data. The main pressure areas were in non-elective activity, out patients and long stay patients at the RUH and SFT. The costs associated with the Novichok incident at SFT would be reviewed next month. NHS England had also provided funding direct to SFT in support of this issue.</p> <p>The headroom reserves of £2.34m had been committed as indicated in table 6. The reported financial risks were shown in table seven and equated to £3.66m which was offset by the contingency and other reserves. The main risk was the over performance of the acute services, long stay and Blueteq implementation.</p> <p>The Daisy Unit was recorded as a risk due to workforce issues, the patient repatriation to special placements, and the previous contract levels agreed by the CCG. The CCG has been in discussion with AWP concerning the sustainability of the Unit. The potential cost pressures if the Unit was to close would be unmanageable. The CCG agreed to share the agency staff cost pressure with AWP as a six month short term solution, but it was recognised that long term action was needed. An action plan had been requested from AWP to gain assurance of the situation.</p> <p>AWP had since requested the support of the CCG for the remaining year. It was crucial that AWP moved to a sustainable position and did not withdraw from the Unit. The CCG had set aside funds to support AWP, but requested action before it was allocated. The Daisy Unit was not currently fully occupied as AWP had resisted due to clinical decisions.</p> <p>ACTION: FIN/18/11/06.0 - LB to present to Clinical Exec the current risk surrounding the Daisy Unit managed by AWP, AWP's plans for the unit going forward and how the CCG could provide support - to aid a collective discussion. This was to cover finance, quality, workforce and pathway concerns.</p> <p>ACTION: FIN/18/11/06.1 - Board to Board meeting to be set up between the CCG and AWP to discuss the future of the Daisy Unit (meeting to be held after the Clinical Exec discussion).</p> <p>JM concluded the report with the QIPP information as shown in table 8. There were concerns over the achievement against the Quality Premium QIPP as the CCG were awaiting notification from NHSE towards the end of the year. The acute drugs Blueteq forecast outturn had been revised for 2018/19 to take into account delays over the rollout.</p> <p>SP explained that although the costs in the independent sector were high, the level of growth was consistent.</p>	<p>LB</p> <p>LB</p>
<p>FIN/18/11/07</p>	<p>Financial Outlook 2019/20</p> <p>SP explained that the paper provided an early outlook for 2019/20. At the time of writing the paper, the additional funding announced as part of the autumn budget and the NHS 70th birthday was unknown for Wiltshire.</p> <p>Page three listed the recurrent changes to the funding limits which had led to a revised position for 2019/20. Next year the CCG would be entitled to draw down £3m from its retained surplus, as part of the agreement to increase its 2018/19 surplus. <i>(Item 8 discussion)</i></p> <p>Page five indicated the changes to the financial environment. Clarity against the high level suggested changes in relation to the payment by results tariff consultation was not expected until January. The devolution of the provider</p>	

sustainability funding into tariff could see an impact of £0.8m for Wiltshire CCG. The marginal rate emergency threshold was to cease, this could see WCCG bearing 100% of the cost, bringing a £7.5m cost pressure. The blended tariff approach would see 80% of the planned cost for the contracted activity being paid up front, with the remaining 20% based upon actual activity completed. Limited detail about this was available at present. The STP had discussed non-elective activity plans, but an agreement had not yet been reached.

The market forces factor would adjust tariff prices according to the geographical area. This would see a 7% reduction for SFT, 8% reduction for RUH and a 10% reduction for GWH. A total shortfall of £24m over the four year phased approach. This was to be revisited by NHS improvement following significant concerns raised.

The indicative hospital activity monitoring (IHAMs) growth had been referenced as 4.1%. The growth assumptions included within the plan were shown in appendix one (those in italics were a breakdown from NHS England). MH felt that financial values were needed against these. Growth mitigation was essential, using demand management and flow of activity, not by reducing spend. Page seven indicated the impact of using IHAMs. This would require an investment of £21m. Agreement had been reached with our community provider of an allocation of percentage of our core expenditure. This would be revisited if growth was evident. It would need to be rebased according to the allocation settlement. This year, additional funds had been allocated to Wiltshire Health and Care (WH&C) for growth and service redesign. TW was awaiting their proposal. Transformation was needed to expand the community setting. (Wiltshire Councils position was unknown). Planned care would be the most beneficial area to start transforming with a change in outpatient settings. Rules of engagement needed to be specified with WH&C to ensure the GP Alliance was involved.

GWH already had an Outpatient Transformation Board in place. They had been tasked by the BSW STP to look at the delivery of the programme with the CCGs and acute trusts.

SP referred to page six; the 1% headroom budget was to be used to support service change. With the released funds from the retained surplus the CCG has significant resources for transformation. Given that transformation delivery has been limited in previous years the Finance and Performance Committee discussed, and agreed, that the level of funding set aside could be reviewed to manage the impact of policy announcements not included within the current financial plan. A floor level of 0.25% plus the released surplus funding was suggested.

Within the BSW, the CCGs had reported financial balance, but did not have the flexibility. Wiltshire needed to ensure transformation was implemented within the acutes to sustain the position. Investment now was to ensure future sustainability with robust assumptions. Confirmed investment plans were needed to ensure transformation funds were utilised. The sieve process needed to be operational and tested, and aligned to the Financial Investment Strategy. Members and the local community also needed to be consulted on the transformation ideas. TD advised that the Sarum group had already started to progress idea planning. TD was consulting Members through the use of a questionnaire, asking for new locality based ideas that could then go through the sieve process.

ACTION: FIN/18/11/07 - TD to share the transforming services questionnaire with CW and AG to enable consultation to commence with locality Members.

TD

(10.40hrs – TD left the meeting)

Page seven illustrated the impact of assumptions based within the financial plans, including the £25.9m QIPP challenge. Page eight listed the investments. The CSU were currently undertaking the QIPP horizon scanning. Concerns had been raised over accuracy of planned care and maternity services; deep dives were to be

	<p>carried out.</p> <p>In answering questions, SP advised that this plan had not been produced in isolation. Providers were aware of the environment and potential impact factors. The IHAMs information had been shared with the BSW STP Executive.</p>	
<p>FIN/18/11/08</p>	<p>For Decision: Transformational Programme 2019/20</p> <p>SP presented the paper, which outlined proposed evaluation and sign off arrangements for any bids submitted across the BSW STP to access the transformation funds.</p> <p>£3m of funding for Wiltshire would be available to access in the next financial year which the CCG has suggested could be used to support STP transformation work. NHSE had confirmed that the CCGs would be able to access this funding in 2019/20, which included the additional 18/19 surplus contribution plus a matched amount from the accumulated surplus (which was contributed to from headroom funds in prior years to mitigate the financial risk of the NHS position).</p> <p>The CCG needed to develop a process for evaluating business cases from providers, in conjunction with the BSW STP. Consideration needed to be given to the sign off process and who had overall approval responsibility, Wiltshire CCG or the STP Executive Board. Could WCCG support and decide upon investments for those providers that we did not have a relationship with, but could bring a positive impact for the system and the STP footprint? The smaller rural communities and locality projects should not be overlooked. Parity of investment would not necessarily be requested, but projects could bring a shared benefit. It was hoped that the shared management team would bring flexibility across the footprint to progress developments and transformation. SP suggested that a set criteria could be applied for STP level, but a local criteria be applied for place based investments to ensure neighbourhood system benefit.</p> <p>It was acknowledged that a quick and fair process was required. A prioritisation approach was needed. Learning from previous commissioning experiences should be shared.</p> <p>It was felt that this needed further discussion by the Governing Body to debate the levels of sign off required.</p> <p>ACTION: FIN/18/11/08 - SP to further develop the paper and incorporate the Committee discussion and suggestions. Transformational Programme paper to be presented to Governing Body in December.</p> <p><i>(11.00hrs – JH and TM joined the meeting)</i></p>	<p>SP</p>
<p>FIN/18/11/10 <i>(item moved)</i></p>	<p>Better Care Fund Update</p> <p>TM advised that following suggestions at the last meeting, changes were now to be implemented later in the month to the dashboard. JH and JD had reviewed the datasets. The length of stay had been added for the next reporting cycle. A meeting was planned with TW and JC to develop this further and to ensure that more up to date data was available.</p> <p>TM reported that non-elective activity had increased by 10% on the same period this time last year across the three acutes. Permanent admissions to Care Homes was a national reporting request, and were showing under target. There were currently issues with the re-ablement data. TM was working with WH&C to resolve the information governance sharing issues. CR requested that benchmarking data be added to the report to compare Wiltshire with other areas. Wiltshire was currently in the bottom half of the performance table for reablement.</p> <p>ACTION: FIN/18/11/10.0 - Benchmarking data to be incorporated into report.</p>	<p>TM / JH</p>

	<p>Delayed transfer of care (DTOC) had reduced by 9% July to August. Wiltshire was positioned 121 out of 150 in the national league table. TM advised that November figures were indicating a reduction.</p> <p>JC felt that the report did not accurately reflect the data and did not match up across the three systems. Length of stay was to be reduced by 25% by December; the Local Delivery Board was reviewing this area. The narrative needed to reflect the actions being implemented. TM advised that Homefirst pathway one was implemented to support improvement, and the significant investment proposed for the Trusted Assessment programme was being presented for approval at the Wiltshire Commissioning Group. JC was aware that recruitment in the south of the county for the Homefirst programme had been difficult and mitigation was in place. The Homefirst Delivery Board did not support the mitigation over winter. Interim placements and beds were being sourced.</p> <p>TM talked through the Wiltshire Integration Programme update. New organisational governance had now been mobilised. A new Wiltshire Delivery Group was in place, made up of providers, working towards the new models of care. A refresh of the Health and Wellbeing strategy was underway by Tracey Daszkiewicz. Helen Jones and TW were co-chairing the Wiltshire Commissioning Group, which was established to enable joint commissioning. A sub group of the Wiltshire Integration Board was to be implemented, to align to the STP but to have a local focus.</p> <p>SP referred to page two and queried the figure for the admission to care homes. Although below the target, it was felt that poor performance in other areas (such as long stay, DTOC and days lost) was bearing the impact of this lower figure. The pressures across the whole system needed to be considered, especially with additional winter pressures approaching. There was an opportunity to use the excess bed monies to support this pressure.</p> <p>JC advised that as part of the Expert Patient Panel, the Emergency Care Intensive Support Team (ECIST) review was to be carried out (28/29 Nov) of the community process through the Integrated Discharge Team, reviewing site and operational reporting; referral process and pathways; and community teams case management and transfer of cases. Current resources needed to be more efficiently and effectively utilised. SP advised that the winter monies not currently consumed should be used to pump prime for placements to reduce system pressures and support long term sustainability. The £1.8m of adult social care monies was non-recurrent and needed to be fully utilised.</p> <p>ACTION: FIN/18/11/10.1 - Expert Patient Panel at SFT is in place to review all long stay patients. An ECIST review was to be carried out (28/29 Nov) of community process through the Integrated Discharge Team - with a review of site and operational reporting; referral process and pathways; and community teams case management and transfer of cases. DMcA and JC to confirm CCG and Wiltshire Council pathway for ECIST report.</p> <p>The patient journey needed to be understood, along with the appropriateness of patients in intermediate care beds. JH explained that Wiltshire Council had reviewed this and found patients were appropriate, but did not have onward care options.</p> <p><i>(11.28hrs – TM, JH and JC left the meeting. SY joined the meeting)</i></p>	<p>DMcA / JC</p>
<p>FIN/18/11/09</p>	<p>Delivery of Constitutional Targets Update</p> <p>MH reported that the Referral to Treatment (RTT) figures had increased by 1200 in the six months to September. This was due to the new reporting, now including neurology Wiltshire patients at Southampton. The CCG was working with providers to understand where they may be able to undertake more work either themselves or in collaboration with the independent sector in order to form a recovery trajectory. This would have some financial implications; business cases were to be</p>	

	<p>prepared to form the detail of the options. The impact of other areas performance on Wiltshire was to be looked at as the system over burden would affect our waiting times.</p> <p><i>(11.31hrs – AG left the meeting)</i></p>	
FIN/18/11/11	<p>Estates Progress Report</p> <p>SY talked through the paper, which updated Members on the Devizes Integrated Care Centre, the Estates Transformation Plan and the Trowbridge Integrated Care Centre.</p> <p>Good progress was being made on the Devizes Integrated Care Centre. Tender returns were expected by 23 November, with interviews/presentations scheduled for 4 December. The Outline Business Case would be prepared for June 2019. The use of the Estates Technology and Transformation Funds (ETTF) for the Devizes project was proving to be a challenge. It was hoped they could be used to pay for CCG professional team fees and IT equipment. Workforce and information management and technology were the key risks to this project. Once the professional team were in place, it was hoped the build would commence in 2021.</p> <p>CW referred to item 3 in the paper, and queried what would happen to the ETTF monies if the Trowbridge project did not utilise it in the set timescale. SP advised that the allocation did not cover the full scale of development. Trowbridge was one of the projects submitted for the STP priority capital funding, and announcements on successful bids were awaited. It was acknowledged that development was needed in Trowbridge as a number of buildings were not fit for purpose; if ETTF monies were not used, other funding streams would be pursued.</p>	
FIN/18/11/12	<p>For information: Minutes from the Information Management and Technology Steering Group meeting held on 16 October 2018</p> <p>The Committee noted the minutes from the Information Management and Technology Steering Group meeting held on 16 October 2018.</p>	
FIN/18/11/13	<p>Any Other Business</p> <p>There was none.</p>	
	<p>The meeting was closed at 11.45hrs</p>	
<p>Date of next Finance and Performance Committee Meeting: Tuesday 15 January 2019, 09.30-11.30hrs</p>		