

**MINUTES OF FINANCE AND PERFORMANCE COMMITTEE MEETING
HELD ON TUESDAY 15 JANUARY 2019 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 Mark Smithies	MS	Secondary Care Doctor
Dr Toby Davies	TD	GP, Chair of Sarum

In Attendance:

John Measham	JM	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
Lucy Baker	LB	Acting Commissioning Director (Maternity, Children and Mental Health) Group Director (SARUM) <i>(until 10.07hrs)</i>
John Dudgeon	JD	Associate Director of Information
Sharon Woolley	SW	Board Administrator
Jeremey Hooper	JH	Wiltshire Council <i>(item 9)</i>
Alex Goddard	AGo	Deputy Head of Medicines Management <i>(item 10)</i>

Apologies:

Dr Andrew Girdher	AG	GP, Chair of NEW
Dr Catrinel Wright	CW	GP, Chair of West
Dr Simon Burrell	SB	GP, Interim Chair of NEW
Julian Kirby	JK	Lay Member
Mark Harris	MH	Chief Operating Officer
Dr Helen Osborn	HO	Medical Advisor
Tony Marvell	TM	Wiltshire Council
Linda Prosser	LP	Interim Chief Officer
Rob Hayday	RH	Associate Director of Performance, Corporate Services and Head of PMO

Item Number	Item	Action
FIN/19/01/01	Welcome and apologies for absence RSH welcomed attendees, the above apologies were noted.	
FIN/19/01/02	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/19/01/03	Minutes of the meeting 20 November 2018 The minutes of the meeting held on the 20 November 2018 were agreed to be an accurate record.	
FIN/19/01/04	Matters Arising There were no matters arising.	
FIN/19/01/05	Action Tracker: The following actions were updated: FIN/18/03/05 – SP advised that Wiltshire Council had agreed the transition; discussions continued to confirm the financial arrangements. CLOSED FIN/18/09/07.0 - To be revisited in March. ONGOING FIN/18/09/09 - TW advised that the format of the BCF report had been improved, but there was further work to do to ensure it covered performance, mitigating actions and achievements against delivery. ONGOING FIN/18/11/06.1 - LB reported that LP had written to Hayley Richards (AWP Chief Executive) and was awaiting a response against the concerns raised. A workshop with relevant stakeholders and partners had been scheduled for 29/01/19 to discuss the model of care for the Daisy Unit. This workshop needed to be held before a Board to Board meeting was organised to ensure the commissioned service and its delivery was clarified. It was agreed that an update would be taken to Clinical Exec following the workshop on 29/01/19, and then presented to the Governing Body. A financial discussion could then be held at the May F&P Committee meeting. ONGOING	SP TW / JD / Tony Marvell / Jeremy Hooper LB
FIN/19/01/11 <i>(item moved)</i>	Mental Health Financial Position and Performance Update LB talked to the update document circulated with the meeting papers. The CCG was over achieving on investment against the Mental Health Investment Standard (MHIS) compliance target. At month 8, the CCG was forecast to spend £56m (excluding learning disabilities and dementia). It was noted that the MH prescribing areas would not be counted as part of the MH investment going forward. £5m had been invested into the Children and Adolescent Mental Health Service (CAMHS), which was commissioned joint with Wiltshire Council. An element of that funding had been to support online developments; but to date this had not been delivered and allocated monies had been withdrawn. The additional £120k winter monies were supporting four additional crisis beds in care homes. Although not specifically MH beds, they were supporting working age people in the Salisbury and Warminster areas. There was a two week maximum stay with certain criteria attached. The four beds were currently occupied with patients known to AWP and were receiving outreach support. The £35m block contract with AWP was to remain for 2019/20. It was commissioned via a lead commissioner framework for three organisations; Bristol, North Somerset and South Gloucestershire (BNSSG) as the lead, WCCG and BaNES CCG. Swindon CCG currently hold a separate contract with AWP, but intend to join the multilateral contract from 2019/20. This would bring a stronger voice to BSW and raise our profile. The ongoing workforce issues for AWP remained a concern. Health Education England were supporting them to recruit and retain staff, with new roles encouraged. AWP's deficit at year end was forecast as £2.635m. There was a clear expectation for AWP to share their Safety Improvement Plans with commissioners	

for 2019/20 and to be more transparent.

One Out of Area placement had been recorded as of last night in Bristol in a Psychiatric Intensive Care Unit (PICU) bed. Improvement in the flow from the acutes to MH beds was needed. The Poppy Ward at Green Lane has ring-fenced beds as part of the winter plan. Daily bed management calls were being held with AWP.

The KPI performance was shown on page four of the report. There had been a notable decline month 5 to 7 of the Primary Care Liaison Service (PCLS) compliance with community referral to assessments targets. There were also concerns for the waiting times for access to Improving Access to Psychological Therapies (IAPT) and AWP rejecting cases. This would be a focus at the next Contract Management discussion. The Dementia diagnosis rate was also under target and was now a focus at STP level. There needed to be improved links with memory clinics and greater engagement with Primary Care.

Discussions with AWP have indicated that a blended approach to the MH tariff was unlikely to be achieved in 2019/20, but would be considered for 2020/21. The CCGs focus was on those areas of concern and on transformation and improvements in AWP's transparency. Joint work with the Quality Team was underway to support implementation of improvements following the CQC inspection report of AWP.

In answering questions, LB felt that there was an improved relationship between the CCG and AWP, but acknowledged that there was a disjoint between AWP's Board and frontline staff. BNSSG and BSW would work together to support the improvements required. TD reinforced this; the sporadic response from AWP was a growing concern for Primary Care. LB requested that GPs fed back on any such issues so that these could be raised through the correct route with AWP.

MS queried if the Out of Area placements was related to Specialist Placements. LB advised that the CCG was monitoring the impact of Specialist Placements on the Poppy Ward and had engaged with clinicians via the Specialist Placements Board.

Bronze Diagnostics looked at how each CCG compared on their MH spend, which currently listed WCCG low in spend. SP advised that this benchmarking provided a different indication to that of the MHSI benchmarking and advised Members that the CCG made significant investment into MH considering that overall the CCG was underfunded. There was a need to ensure that investment was leading to transformation across the service.

LB reported that as part of the recently published NHS Long Term Plan, it now included a target against suicide prevention. To date AWP had not met the expectations for reporting against suicides and the timeliness and quality of their Route Cause Analysis (RCA) reports. A backlog had been identified. Dina McAlpine (DMcA) was currently working with AWP's Director of Nursing to ensure this backlog was cleared. Now that the BSW has an increased influence in the AWP contract, it was hoped the STP can support a change of culture within AWP and improve its RCA reporting. It was agreed that an update from DMcA and LB on the clearing of the RCA backlog and access to IAPT would be brought to the next meeting.

ACTION: FIN/19/01/11 - DMcA and LB to provide an update on the clearing of the Root Cause Analysis backlog by AWP and the delivery status and waiting times for Improving Access to Psychological Therapies.

**LB /
DMcA**

(10.07hrs – LB left the meeting)

<p>FIN/19/01/06</p>	<p>Financial and Activity Position</p> <p>JM reported that the CCG was on track to deliver the £1.698m revised planned surplus by the year end. Year-end deals had now been agreed with GWH and SFT. Discussions continued with RUH to agree a year end settlement; there were differing assumptions between the CCG and RUH on its additional activity over and above current trends. They have a gap of £2.4m. At present, the RUH had accepted a minimum income guaranteed to breakeven of £800k. SP advised that this may be reviewed in exceptional circumstances, but improvement and transformation from RUH needed to be evident against expected outputs before providing funds. BaNES CCG were unable to provide any additional financial support to the RUH.</p> <p>JM reported that the current financial risks to the CCG included overperformance by the RUH, delayed full implementation of the Blueteq system and under achievement against the Quality Premium.</p> <p>At month 9, the CCG had achieved 89% of its QIPP target, with 95% expected at year end. The impact of windfall savings on Adalimumab was 55% for November, and 60% for December to March. There was over performance recording against the SLAM on non-elective outpatients and elective at GWH.</p> <p>In response to concerns raised by CR about the limited collaboration of BaNES and Swindon CCG's Medicines Management Teams regarding implementation of Blueteq, SP advised that teams were now working closer together. There had been a capacity issue for WCCG which has now been overcome and brought better working and an improved position.</p>	
<p>FIN/19/01/07</p>	<p>Update on Allocation Settlements</p> <p>SP went through the slides concerning the financial planning assumptions for 2019/20. This looked at the core allocation; primary care delegated commissioning and running costs.</p> <p>The programme allocation would see a 6.15% increase, which was higher than expected. The anticipated increase in population due to the military repatriation had been recognised by NHS England and our allocation increased by 1%; 2020/21 would bring a 1.3% change, with it dropping to 0.5% in 2021/22. Funding would be ring-fenced to support the south of the county and service delivery.</p> <p>Investment into our Community Services contract with Wiltshire Health and Care (WH&C) would increase as our growth fund allocation increased; an expected uplift would adjust for specific devolved items e.g. provider sustainability funding and ambulance services. Evidence from WH&C of added value and transformation would need to be seen.</p> <p>Primary Care Delegated Commissioning noted an increase of 6.86%. SP would confirm if this included monies towards the pay award, investment into primary care networks and military repatriation.</p> <p>The impact of the requested 20% reduction in running costs by 2020/21 has had an initial review. SP would share the paper with the Committee as prepared for the BSW Joint EMT. A significant proportion of the required reduction in running costs could be achieved through alignment with BaNES and Swindon CCGs.</p> <p>ACTION: FIN/19/01/07.0 - SP to share running cost allowances paper as prepared for Joint EMT with Committee Members.</p> <p>Overall there was an allocation increase of 5.73%, the elements of this were shown on slide 5.</p> <p>ACTION: FIN/19/01/07.1 - SW to circulate presentation to Members</p>	<p>SP</p> <p>SW</p>

	<p>A 3.8% tariff increase would be seen for 2019/20, but this excluded the 1.25% CQUIN reduction, the impact of the transfer of the Provider Sustainability Fund to national/local prices and the pension impact. Consultation continues regarding the employers contribution.</p> <p>SP advised that Internal Auditors, KPMG, would be undertaking an audit of Primary Care Delegated Commissioning in March. It was unknown if the allocation included funding for the Directed Enhanced Services, but the CCG would plan for it.</p> <p>The updated Market Forces Factor would have a material impact on income for the acutes. The Factor was still under review.</p> <p>The system control totals for each STP / Integrated Care System were to be set. It would bring an opportunity to propose net neutral changes.</p> <p>SP concluded that although this looked at the assumptions, further detail against allocations was awaited.</p>	
<p>FIN/19/01/08</p>	<p>Delivery of Constitutional Targets Update (Draft)</p> <p>JD highlighted the following from the report, which reviewed November data:</p> <ul style="list-style-type: none"> • Referral to Treatment (RTT) – the 92% target had not been achieved. SFT had achieved the target, but there was underperformance from GWH and RUH giving the overall performance as 91.6%. • RTT Waiting Lists – The CCG was 1,232 over the target. Southampton was now being included in the reporting, which brought an increase of 300 patients to the lists. There was notable growth from SFT and independent providers. • Over 52 week RTT waits – There had been 11 breaches in November. The 2019/20 operational planning and performance guidance indicated there would be significant sanctions imposed on commissioners and providers against breaches. • Cancer – The CCG had breached the 2 week wait, 31 day wait from diagnosis to treatment and 62 day waits. There had been a 15% annual increase in adjusted Cancer 2 week wait activity demand in 2018/19. There had been an excess in demand and a lack of workforce capacity. SFT had achieved, but due to absorbing GWH demand had shown underachievement. 2019/20 plans against operational targets were to be submitted by February. • Mixed Sex Accommodation – 54 breaches reported, largely due to assessment areas at SFT during periods of increased pressures. • A&E – All three acutes breached the target with suboptimal performance. • Ambulance Response – SWAST had maintained its performance against the key standards at a contract wide level, not just Wiltshire. • Delayed Transfer of Care (DTC) – the position of 1,607 days in November was a 13% improvement for the same period last year. There had been a small decrease in all main providers. The position was due to insufficient care home availability and the wait for domiciliary care packages. • Dementia Diagnosis – 66% achievement against the 66.6% target in November, with initial December data reporting a drop to 64%. This remained an ongoing challenge, especially because of regular denominator changes. This was a better position than Swindon CCG and BaNES CCG. • Community Services – there were concerns over the average length of stay for WH&C, at 33.1 days was well above the 20 day target. It was acknowledged that there had been a change of contract for domiciliary care with Wiltshire Council, but the benefit had not yet been evident. <p>JC commented that whilst this report looked at November data, teams within the CCG were monitoring daily activity, especially over Christmas and with winter pressures anticipated.</p>	

	<i>(10.50hrs – JH joined the meeting)</i>	
FIN/19/01/09	<p>Better Care Fund Update JH introduced the report and advised that the last meeting suggestion of adding benchmarking data had been incorporated.</p> <p>Highlights from the report included; hospital and care home admissions being amongst the lowest in England and performance against the DTOC trajectory being significantly underachieved. The new Domiciliary Care Framework had now commenced and supported a slight improvement as patients moved from Help to Live at Home (HTLAH) contracts. The reablement data issue with WH&C had been resolved, work was now underway to understand and analyse it to include it to this report. Length of stay data was now also available to report against.</p> <p><i>(10.55hrs – AGo joined the meeting)</i></p> <p>CR suggested that further narrative was needed in the report to provide an explanation for changes and to indicate how BCF delivery was supporting the system. BCF should be an enabler. JC added that the impact of the Adult Social Care monies also needed to be indicated. Further detail needed to be obtained from teams to improve the report. In particular, a flavour of the change for HTLAH and Home First was needed, to analyse data, indicate trends and what mitigations were being put into place.</p> <p>ACTION: FIN/19/01/10 - Detailed report on Help to Live at Home and Home First services to be brought to the March Committee meeting - to cover analysis, trends, performance, mitigating actions and achievements against delivery.</p> <p><i>(11.06hrs – JH left the meeting)</i></p>	Tony Marvell / Jeremey Hooper
FIN/19/01/10	<p>Update on Medicines Management Primary and Secondary Care Finance AGo talked through the update paper concerning Medicines Management current financial position and what was known for next year.</p> <p>Meds Management had an underspend of £0.5m last year, with an underspend of £0.3m forecast for this year. A number of service and drug changes were having a positive impact, including the Prescription Ordering Service (POD - update being presented to January Governing Body).</p> <p>The volume of prescriptions had shown a 1% reduction since February 2018, bringing a £675k reduction in spend to the CCG. WCCG continued to have the third lowest spend across the South West.</p> <p>Meds Management Teams across the BSW were working together to improve efficient and outcomes across the STP and was focussing on three specific areas; Area Prescribing Committee, Prescribing Systems and Rebates.</p> <p>For Primary Care, the changes in drug stock levels and national price changes set as No Cheaper Stock Obtainable (NCSO) had brought a considerable risk to the spend. A significant pressure had been seen last year, with increased pressures expected this year, which had been factored in. This was a national issue. The POD was helping to manage this risk. The use of generics was also helping to reduce costs. The total cost pressure to WCCG for 2017/18 was recorded as £3.2m. The CCG had hugely overachieved against rebates agreed at £560k. £450k was the predicted rebate for this year with the support of the BSW Rebate Policy.</p> <p>A £1m QIPP target had been set for Meds Management for 2018/19, with £827k achieved to date. Gluten Free and Stoma projects have not achieved. These required more focus, with a move to a more specialist input and review of formula.</p> <p>The high cost drug position for Secondary Care for each acute was shown on page</p>	

	<p>six. The plans were to be reviewed to define the reasons for high use. The pathways were to be conformed to, a number were now included as part of Blueteq. The acutes would be challenged on their drug use. A £500k savings target had been set against Blueteq for this year. Cost pressures would also be seen next year against license extensions of drugs already in use.</p> <p>PL questioned if the CCG had leverage against consultants concerning their prescribing of these high costs drugs. MS felt that a financial and clinical challenge from the CCG was needed. SP advised that this was an area being constantly monitored. Price drops were anticipated against a number of the drugs. From April there would be an opportunity to switch to Biosimilars, bringing a lower cost and the same clinical effectiveness; encouraging responsible prescribing. It was a behaviour challenge to manage.</p> <p>The Committee thanked AGo for an overall positive report for Meds Management.</p> <p><i>(11.28hrs – AGo left the meeting)</i></p>	
FIN/19/01/12	<p>For information: Minutes from the Strategic Estates Group meeting held on 23 October 2018</p> <p>The Committee noted the minutes from the Strategic Estates Group meeting held on 23 October 2018.</p>	
FIN/19/01/13	<p>For information: Minutes from the Information Management and Technology Steering Group meeting held on 27 November 2018</p> <p>The Committee noted the minutes from the Information Management and Technology Steering Group meeting held on 27 November 2018.</p>	
FIN/19/01/14	<p>Any Other Business</p> <p>There was none.</p>	
	<p>The meeting was closed at 11.29hrs</p>	
<p>Date of next Finance and Performance Committee Meeting: Tuesday 19 March 2019, 09.30-11.30hrs</p>		