



GOVERNING BODY MEETING ON 22 MAY 2018

MINUTES TO BE RECEIVED

Title of Meeting	Finance & Performance Committee
Date of Meeting	February 27 th 2018
Status (ratified/draft)	Ratified
CCG Representatives	As noted in the minutes

Summary of key issues discussed:		
<p>Annual Work Programme – The Head of Finance reviewed prescribing plans, overall QiPP achievement in 2017/18 and QiPP plans for 2018/19.</p> <p>Financial Position Month 10 – Head of Finance reported that the CCG had met its financial duties at Month 10. The health economy position continued to be in deficit within the main Acute providers. Continuing healthcare expenditure forecast fluctuations remained problematic and revised methodology was being explored in line with other Lancashire CCGs. Mental health out of area placements were a further risk to final outturn.</p> <p>Final Planning 2018/19 – Head of Finance discussed the requirement for Integrated Care Systems to work within a System Control Total. High level plans were submitted to NHS England in January 2018 highlighting 3 main risk areas – surplus, QiPP and Risk. Reserves were set at £5.2m.</p> <p>Information Management & Technology (IM&T) update – The Head of IM&T updated on IM&T workstream progress in General Practice plus overall cyber security following the earlier incident.</p> <p>Contract Performance & Sanctions Month 9 – The Head of Delivery & Planning updated Committee on contract performance and noted the summary of contract sanctions</p> <p>Strategic Estates Plan – Committee was provided with an update on the Strategic estates plan to approve and adopt. The Strategy reflected the continued development in Primary Care across the CCG footprint. Discussion took place on the Naylor Review and the Kirkham/ Wesham development.</p> <p>2018/19 contract process and sign off – The Head of Delivery & Planning presented an update on standard contracts, Tier 2 plus agreed contract variations agreed to date.</p> <p>Draft Planning Submission Update – Fylde Coast narrative and assumptions had been submitted early March. Local figures had been used for the activity plan and A&E trajectory.</p> <p>Neighbourhood Incentive Scheme – the Chief Operating Officer described the options for considering arrangements for neighbourhoods and multi-specialty community providers.</p> <p>Effective Use of Resources – The Chief Finance Officer explained the context of ‘Refreshing NHS plans for 2018/19’ and members shared their views.</p> <p>Fylde Cost System Control Total – The Chief Finance Officer outlined the work required for Integrated Care Partnerships to operate on a Single Control Total basis.</p> <p>Future Focussed Finance – The Head of Finance informed Committee that the Lancashire CCGs had achieved Level 2 Towards Excellence</p>		
Issues requiring action:		
Details:	By whom:	Timescale:

Recommendation

The Governing Body is asked to review and note the contents of the minutes.

Name: Mrs Judith Williams Title : Head of Finance

FINANCE AND PERFORMANCE COMMITTEE (F&PC)

Minutes of the Finance and Performance Committee meeting held on
Tuesday 27 February 2018, Boardroom, Wesham

Present:

Andrew Harrison (Chair)	Chief Finance Officer	FW CCG
Ms Mary Dowling	Chair, Governing Body	FW CCG
Peter Tinson	Chief Operating Officer	FW CCG
Dr Peter Benett	GP Elected Clinical Lead	FW CCG
Dr Thomas Marland	GP Elected Clinical Lead	FW CCG
Claire Lewis	Acting Executive for Governance, Patient Safety and Risk	FW CCG

In Attendance:

Nicola Marland	Head of Delivery and Planning	FW CCG
Judith Williams	Head of Finance	FW CCG
Peter Kelly (Item 16)	Head of IM&T	FW CCG
Gaynor Jones	Minutes	FW CCG

No.	Item
A) Items of routine business	
1	Apologies for absence: Dr T Naughton, Dr F Guest, S Camplin, P Hargreaves
2	Confirmation of attendees, Committee powers of approval and meeting quoracy It was agreed that the meeting was quorate as there was sufficient clinical and managerial attendance.
3	Declarations of Interest Dr T Marland declared an interest in relation to Item 14 on the agenda. It was agreed by the Chair that Dr Marland did not need to leave the room for participation.
4	Any other matters of urgent business None reported.
5	Minutes of the meeting held on 30 January 2018 The committee reviewed the minutes and agreed that they were an accurate record.
6	Matters arising not on the agenda None reported. 6.1 Action sheet The action sheet was reviewed and updated accordingly.
7.	Annual Work Programme 7.1 “focus on” review of prescribing plans, achievements and outcomes for 2017/18 and plans for 2018/19 It was reported that the Head of Pharmacy was confident in achieving QIPP in 2017/18. The impact of the £1.1m to £1.4m prescribing overspend incurred due to the no cheaper stock option (NCSO) was described by NHS England (NHSE) as a ‘national known issue’. It was reported that NHSE could potentially reimburse the CCG the cost of Category M drugs from the 2017/18 Drug Tariff; CCGs were not to assume the NCSO pressure would continue in 2018/19 (c£1m). It was noted that there was no service specification in place at Blackpool Teaching Hospitals (BTH) for the practice pharmacists which had led to a level of frustration with the service provider.

It was suggested to review the £600k resource that goes into this service to generate further efficiencies, looking at lessons learnt from the newly joining practices and to see if they had service specifications in place. The Acting Executive for Governance, Patient Safety and Risk **agreed** to request a paper on the facts and current status of prescribing via the prescribing lead. Progress on the prescribing questions posed by the Lay Member Governance would also be pursued as these appeared to be outstanding.

Action: Acting Executive for Governance, Patient Safety and Risk

B) Items for approval

8. Financial Position month 10

It was reported that the CCG had met financial duties at month 10 and budget holders were thanked for their input into the achievement of financial invoice processing.

The Health Economy Report identified BTH had reported a smaller deficit plan at month 8 (£0.40m). Lancashire Teaching Hospitals (LTH) had reported a large deficit at month 9 (£34.5m) compared to plan and their use of resources (UOR) rating had decreased to 4. The performance of the main providers was as expected.

A single forecasting approach for Continuing Health Care (CHC) across Lancashire and the Fylde Coast was still to be agreed. A spreadsheet had been circulated listing CHC "options" and Lancashire CCG's approaches were to be made on an individual basis.

Key risks: LTH Acute contract overperformance. Quality, Innovation, Productivity and Prevention (QIPP) 2017/18 remained behind overall target but overall reserves were sufficient to counteract negative QIPP. There was a potential inherited risk to the CCG within mental health Out of Area Placements (OAPs) with an increase to the overall agreed figure. The Host Commissioner was in further discussions with Lancashire Care Foundation Trust (LCFT). The CCG's budget shakeout had realised a "substantial" sum towards in-year QIPP both recurrent and non-recurrent. Any further savings realised from the shakeout would roll into next year.

The CCG anticipated that year-end delivery and allocation was in line with plan. The forecast outturn was currently in line with plan and 0.5% headroom had been established. It was reported that historic headroom sits with NHSE for 2016/17 and 2017/18; potentially the historic headroom could be transferred back to the CCG as an allocation, dependent upon shared control total negotiations with NHSE.

RESOLVED:

That the Committee approved the recommendations and noted the key risks reported at month 10, including the sustainability of the tightly balanced financial position.

8.1 2018/19 Financial Planning

Recently published NHS Guidance 2018/19 requested all Integrated Care Systems (ICSs) to work within a System Control Total (SCT) with an aggregated required income and expenditure position for trusts and CCGs within the system. The CCG had submitted high-level 2018/19 plans to NHSE in early January 2018 highlighting three key areas: surplus, QIPP and net risk. Subsequently, various SCT and ICS planning meetings and workshops had taken place.

The Head of Finance explained the reserves that had been reset (c£5.2m) excluding 0.5% of STP levy. Over-performance reserve included a BTH element (c£2m). Pressures included prescribing and CHC.

The pros and cons of a Fylde coast SCT were debated at length. The three organisation's (FWCCG, BCCG and BTH) financial control totals were to be achieved jointly in 2017/18 and 2018/19, including a joint Fylde coast position on activity and growth assumptions. Views on New Models of Care (Extensivist and Enhanced Primary Care) assumptions to be clarified for both BCCG and FWCCG for the BTH agreement. Joint cost reductions, approach to efficiencies and transparency on planning was also debated. It was reported that care home invoices and pharmacy staff within practices would not be included in the plan. The CFO requested that members present take a view on the QIPP and the Fylde coast position.

	<p>Next steps (FWCCG): a draft financial plan was due to the STP on 05 March 2018. The 2018/19 contracts were to be signed on 23 March 2018 and the final 2018/19 plans were due on 25 April 2018. The CCG's Governing Body (GB) was to receive the draft financial plan on 20 March 2018, the overall quantum vs actual and accountability, for the GB to exercise governance and pick up any nuances.</p> <p>In principle members present were in favour of a Fylde coast SCT going live in April 2018, but a collective approach on what was in and what was out of the proposed contract sum for BTH and the BTH agreement to manage risk would need to be clarified.</p> <p>RESOLVED: That a budget book was to come back to the committee on 27 March 2018. Further clarification on the CCG's contribution to the Fylde coast SCT for 2018/19 to be provided. Action: CFO</p>
9	<p>Information Management and Technology (IM&T) Update Report (noted as Item 16 on the agenda was brought forward to this point).</p> <p>The Committee received an update on the IM&T workstream progress in General Practice. Video consulting software and waiting room software had been developed from Sustainability and Transformation Plan (STP) funding. A number of laptops updated with Windows 10 software had been deployed to GPs. Usage Statistics indicated that all practices had hit target by quartiles noted in the GP Quality Contract.</p> <p>Cyber Security Update The CCG, in partnership with BCCG and BTH, had taken a single health economy approach to mitigating and managing future threats. From a post-incident analysis carried out by industry experts a robust patch management policy was now in place. Network detection monitoring software (external and internal) and enhanced anti-virus containment software had been implemented. Cyber threat had been elevated to one of the highest priority items in all future informatics strategic development and funding plans.</p> <p>RESOLVED: That the Committee noted the comprehensive IM&T report, in particular cyber security and requested regular updates on the latter.</p>
10	<p>Contract Performance and Sanctions month 9 (noted as item 9 on the agenda)</p> <p>As most of the information contained in the report had been covered under Item 8 above, the Head of Delivery and Planning requested that the remaining agenda items were to take priority. The Chair requested that members present note the recommendations in the report.</p> <p>RESOLVED: That the Committee noted the recommendations on current contract performance at month 9 and the summary of contract sanctions up to month 9.</p>
11	<p>FWCCG Strategic Estates Plan V8 (noted as Item 10 on the agenda)</p> <p>The Committee was provided with an update on the Strategic Estates Plan draft v8 to approve and formally adopt. The plan presented was the initial report into the Primary Care estates and its development going forward. It was noted that the Strategy was subject to continuous review and update, reflecting policy changes and progress. The report provided was now in line with previous reports and was in order for alignment with ICP/ICS work streams.</p> <p>Interest was shown at this key juncture in receiving the updates and component parts of the Strategy; the Strategy reflected the need to consider options for Primary Care development across the CCG footprint. It was requested that P Hargreaves was to discuss Primary Care with existing work streams and representatives from the Fylde Coast Strategic Estates Groups, to identify future estates implications and to overcome traditional boundary issues, enabling the Strategy to move to a more Fylde coast approach. It was requested to include and recognise the Whyndyke development. It was also suggested that a high-level milestone/timeline approach was to be included as part of the drawing together.</p> <p>ACTION: Head of Estates</p> <p>RESOLVED: That the Committee approved the draft strategy retrospectively, subject to the comments made for a stronger Fylde</p>

	<p>Coast emphasis/approach, including high-level milestones and timelines.</p> <p>11.1 Naylor Review: government response (NHS property and estates) (noted as Item 10.1 on the agenda). The paper incorporated the principles for future estates work and was provided for information only. The paper was to be presented to the Fylde Coast Strategic Estates Group (FC SEG) on the 28 March 2018.</p> <p>11.2 Kirkham and Wesham Capital Development The Committee gave due regard to the Project Initiation Document (PID). NHS Property Services (NHSPS) had approved the PID for signed off in early January 2018 prior to submission to the Capital Working Group. A subsequent business case would establish a high-level requirement of the space and discussions were ongoing regarding the management of the programme. The GB was to receive an update on the health facility section only. Once agreed with NHSPS work was to commence locally, engaging patient groups, clinicians, commissioners, providers and other stakeholders.</p> <p>RESOLVED: That the Committee noted the information submitted to NHSPS.</p>
C) Decisions made by other committees/officers	
12	<p>Financial decisions from other committees (noted as Item 11 on the agenda) None reported.</p>
D) Items for recommendation	
E) Items for information/comment	
13	<p>2018/19 Contract process and sign-off (noted as Item 12 on the agenda) Members received an update on the agreement and sign-off of all 2018/19 contracts within the CCG's portfolio. Most standard contracts were issued for one year. A change to the Acute activity plan was to be reflected in the finance and activity schedule and a contract variation was to be agreed and signed to reflect the change. Two versions of the Acute activity plan had been produced, one with and one without the recent boundary change.</p> <p>The CCG had two planned procurements within 2018/19 for Tier 2 services. Work had commenced to progress the procurements and it was expected that new provider(s) will be in place by October 2018.</p> <p>The CCG and BTH were in discussions to agree a combined contract control total for the Fylde coast for 2018/19. A standard inflator was to be applied to the LCFT mental health contract. Discussions were ongoing regarding a risk share agreement for OAPs.</p> <p>A further update was to be provided at the March meeting.</p> <p style="text-align: right;">Action: Head of Delivery and Planning</p> <p>RESOLVED: That the committee noted the current position in respect of the agreement and sign-off of all contracts in the CCG's portfolio and that an update would be provided at the March meeting.</p>
14	<p>Draft Planning Submission Update (noted as Item 13 on the agenda) A submission timetable was presented. The Fylde coast was required to submit high-level narrative and assumptions on 01 March 2018 and there was an opportunity to triangulate plans for CCGs in the footprint. GP referral growth was to be capped with 1.5% for other referrals - it was noted that there was no deflection scheme or a nationally defined growth level.</p> <p>Local figures had been used for the activity plan (growth) for Fylde and Wyre. Local figures were also being used for A&E attendances due to the impact of Primary Care streaming and this was to be revisited for the full year effect. A national prescribed growth of 1.1% was reported for Ambulance. An initial proposal of 0.3% was reported for local non-elective admissions which were much lower than national assumptions (2.3%). The application of a local growth</p>

	<p>level was being sought. There was a quality premium linked to non-elective admission numbers and further details were awaited. Overall, the planning assumptions were intended to be as realistic and achievable as possible.</p> <p>Constitutional targets:</p> <ul style="list-style-type: none"> • A&E: clarity was awaited from NHSE if achievement is required in month or over the quarter • Cancer: assumptions that the national standards will be delivered throughout the year - any additional activity required was included within the growth assumptions. • Referral to Treatment (RTT): there was an inference to achieving 92% standard target; affordability was to be addressed before final submission. <p>There was a need to understand the alignment activity against the financial sum. Final submission to NHSE was due 30 April 2018.</p> <p>RESOLVED: That the committee noted that further work was to take place before final submission. The GB was to sign off any amendments to the draft submission on 06 March 2018.</p>
<p>15</p>	<p>Neighbourhood Incentive Scheme (noted as Item 14 on the agenda) The Chief Operating Officer described the savings and drivers for considering neighbourhood incentive arrangements. There was an opportunity to work jointly with neighbourhoods, evolve multispecialty community providers (MCPs) and to look at a gain share approach for a number of services. Conversations had taken place with local GPs that would not restrict the areas in focus and there was still a lot of opportunity to merge non-elective admissions and align neighbourhood care teams to deliver financial opportunities. The following neighbourhoods had shown an interest in the scheme:</p> <ul style="list-style-type: none"> • Fleetwood - shared and interest with East Lancashire CCG • Wyre Integrated Neighbourhood (WIN) • Wyre Rural Extended Neighbourhood (WREN) – optimistic regarding the clinical review process <p>The long-term sustainability of the scheme was questioned. It was reported that there was a potential saving opportunity at a local level by way of deploying existing resources and this in turn could increase further buy-in. The ongoing use of gain was to be assessed with CCGs and neighbourhoods through a planning process to iron out topics, review support and agree governance.</p> <p>It was acknowledged that neighbourhood care teams were crucial for out of hospital care. The neighbourhoods noted above were proactive and needed support to balance the range of tools to further enhance care, along with careful management of equity and equality. An escalator approach to gain a level of incentive along with a system on how it will operate within the SCT was requested. Neighbourhoods with invested interest on the whole spend were to be developed and shaped as there was no divergent view on a savings balance regarding service developments and control of services.</p> <p>Communication and engagement was crucial at the earliest opportunity.</p> <p>RESOLVED: That the Committee supported the Neighbourhood Incentive Scheme in principle.</p>
<p>16</p>	<p>Individual Patient Activity (IPA) and Continuing Health Care (CHC) update (noted as Item 15 on the agenda) The IPA Board was to confirm if there was a revised report and timescale. A request for aligned reporting had been put forward.</p>
<p>17</p>	<p><i>The Chief Operating Officer and Acting Executive for Governance, Patient Safety and Risk left the meeting at 15:20</i> <i>The Chair confirmed that the Committee remained quorate for the next item.</i></p> <p>Effective Use of Resources (EUR) The CFO explained the context of the 'refreshing NHS Plans for 2018/19' and invited members to share their views.</p>

	<p>17.1 Fylde Coast System Control Total The CFO explained the SCT that ICS/Integrated Care Partnerships (ICPs) had been requested to prepare, encompassing CCGs and NHS providers rather than each organisation focusing solely on their own financial responsibilities.</p> <p>The 4% level of Cost Improvement Programme (CIP)/QIPP was noted as a key risk for 2018/19 across each health organisation (FWCCG, BCCG and BTH). It was reported that the CIP/QIPP “gap” could be covered non-recurrently if the historic surpluses (headroom) for 2016/17 and 2017/18 could be accessed. If an ICS goes live in April 2018 further consideration was to be given to the Provider Sustainability Fund (PSF) and the full/partial adoption of the system (non-binding).</p> <p>BTH had supported the recommendations for negotiation. BCCG’s approach to the recommendations was still to be confirmed.</p> <p>RESOLVED: That the Committee agreed the recommendations for negotiating an approach to a SCT for the Fylde coast with endorsement from the GB being sought in March 2018.</p>
F) Items for referral to other committees/groups	
18	<p>Items to be referred to Audit Committee As the CCG uses the same external auditors as the service provider Carillion (lately in administration) and whilst this news was unlikely to have any implications for the CCG, it was requested that the matter was referred to the Audit Committee.</p>
19	<p>Items to be noted from or to Quality Improvement, Governance and Engagement Committee (QIG&EC) No items noted.</p>
G) Minutes of other meetings – for information only	
20	FWCCG Contract Performance and Quality Sub-Group meeting 12.01.2018
21	BTH FT Contract Review meeting 25.01.2018
22	LTH FT Contract Review meeting 30.01.2018
23	Lancashire Contracts Consortium meeting (<i>not available</i>)
24	Spire Contract meeting 24.11.2017
25	Lancashire Care Foundation Trust Contract Management Executive – Mental Health (<i>not available</i>)
26	<p>Any Other Business The Head of Finance informed the committee that Future Focused Finance (FFF) had confirmed that the Lancashire CCG collective had been awarded a level 2 Kitemark. Members commended the achievement.</p>
27	Date and time of next meeting: Tuesday 27 March 2018, 15:00-17:00, Boardroom, Wesham



GOVERNING BODY MEETING ON 22 MAY 2018

MINUTES TO BE RECEIVED

Title of Meeting	Finance & Performance Committee
Date of Meeting	27.3.18
Status (ratified/draft)	Ratified
CCG Representatives	As noted in the minutes

Summary of key issues discussed:

Annual Work Programme – The Head of Finance discussed financial year end and the processes involved for final accounts and ledger close. KPMG external auditors were due to arrive end of April.
Information Governance – The Information Governance (IG) Support Officer gave an overview of the progress to March with compliance and IG incidents. IG mandatory training was 91% completed.

Financial Position Month 11 – The Head of Finance reported that the CCG had met its financial duties at Month 11. A contract alignment exercise had been undertaken and the CCG and its providers were below the de minimus threshold for variances. The components of the NHS England target surplus of £6m were explained. Forecast outturn was in line with plan.

2018/19 Financial Planning – The Head of Finance provided a summary on the 18/19 financial position when the CCG will operate as part of the Fylde Coast Integrated Care partnership. The CCG has requested access to the historic headroom monies in order to progress the transformation of services across the ICP. A QiPP target of 4% was set across the ICP organisations. A contractual financial settlement figure has been agreed between the CCG and its main provider while a memorandum of understanding regarding operational financial rules in 18/19 was being written. The 18/19 budgets were approved by the Committee subject to final agreement .

Contract Performance & Sanctions Month 10 – The Chief Operating Officer discussed GP referrals' slight increase when tier 2 were included and contract sanction values were noted.

Financial Decisions from Other Committees – The Head of Finance informed Committee regarding a financial commitment from Executive Management Team for PresQipp subscription.

Effective Use of Resources – The Chief Finance Officer discussed the support available to clinical groups including the Clinical Senate programme of work

Quality, Innovation, Productivity and Prevention Update (QiPP) – The Head of Finance presented regarding the Integrated health solutions report commissioned by NHS England across the CCGs to determine QiPP aspirations and success.

Contract Sign off – The Head of Delivery & Planning updated Committee on the progress made with Providers to agree contracts for 18/19. A composite contract tracker was available to clarify progress with individual providers.

No Cheaper Stock Option – A summary paper was provided that showed the issues around concession and drug prices set which varied month on month making financial forecasting difficult.

Issues requiring action:



Fylde and Wyre
Clinical Commissioning Group

Details:	By whom:	Timescale:

Recommendation

The Governing Body is asked to review and note the contents of the minutes.

Name: Mrs Judith Williams

Title: Head of Finance

FINANCE AND PERFORMANCE COMMITTEE (F&PC)

Minutes of the Finance and Performance Committee meeting held on
Tuesday 27 March 2018, 15:00-17:00, Boardroom, Wesham

Present:

Dr Felicity Guest (Chair)	GP Elected Clinical Lead	FW CCG
Andrew Harrison (Vice Chair)	Chief Finance Officer	FW CCG
Dr Tony Naughton (Part)	Clinical Chief Officer	FW CCG
Ms Mary Dowling	Chair, Governing Body	FW CCG
Peter Tinson	Chief Operating Officer	FW CCG
Dr Peter Benett	GP Elected Clinical Lead	FW CCG
Claire Lewis (Part)	Acting Executive for Governance, Patient Safety and Risk	FW CCG

In Attendance:

Judith Williams	Head of Finance	FW CCG
Lara Cousens (Item 10)	Information Governance Officer	M&L CSU
Gaynor Jones	Minutes	FW CCG

No.	Item
A) Items of routine business	
1	Apologies for absence: Dr T Marland, N Marland
2	Confirmation of attendees, Committee powers of approval and meeting quoracy It was agreed that the meeting was quorate as there was sufficient clinical and managerial attendance.
3	Declarations of Interest None reported.
4	Any other matters of urgent business None reported.
5	Minutes of the meeting held on 27 February 2018 The committee reviewed the minutes and agreed that they were an accurate record.
6	Matters arising not on the agenda None reported. 6.1 Action sheet The action sheet was reviewed and updated accordingly.
7.	Annual Work Programme 7.1 "focus on" 2017/18 year-end assessment review and actions All outstanding invoices had been requested by the accounts department in preparation for the hard close of the ledger on 13 April 2018. KPMG were due to carry out a financial audit at the end of April. An update was to be provided at the April meeting.
B) Items for approval	
8	Information Governance (IG) (noted as Item 10 was brought forward to this point on the agenda) The IG Support Officer (IGSO) gave a brief overview of the key achievements and progress for the reporting period up

	<p>to 16 March 2018.</p> <p>All work had been undertaken to meet the 91% toolkit target and 100% of mandatory IG training was complete. The Information Asset Programme was delayed due to the preparations for GDPR. Two IG incidents had been reported; the Information Commissioner had closed the Level two incident and associated lessons learnt, with no further action required. There were five Data Protection Impact Assessments (PIA) currently in progress and one had been approved. Information Security Audits had taken place at Wesham. The IGSO was working with the Information Technology (IT) team to identify who had access to restricted drives prior to being cross-referenced against the list provided by the Information Asset Owners (IAO).</p> <p>RESOLVED: That the Committee approved the Information Governance Annual Report and the IG toolkit submission for v14.1 (2017-18).</p>
<p>9a.</p> <p>9b.</p>	<p>Financial Position month 11 (noted as item 8a on the agenda) It was reported that the CCG had met financial duties at month 11 and budget holders were thanked again for their input into the achievement of financial invoice processing.</p> <p>Two non-recurrent allocations were received in month 11 (Diabetes Transformation Fund and GP online consultations).</p> <p>The Health Economy Report identified Blackpool Teaching Hospital (BTH) had reported a smaller deficit plan at month 10 (£0.20m). Lancashire Teaching Hospitals (LTH) had reported a large deficit at month 10 compared to plan (£41m) and their use of resource (UoR) rating had decreased to four. The CCG was in dialogue with LTH regarding invoicing. Lancashire Care Foundation Trust (LCFT) variance year-to-date was in query due to expenditure for Out of Area Placements (OAP). The CCG was disputing invoices and was seeking confirmation on governance and who had agreed the OAP increase in allocations.</p> <p>Both Fylde and Wyre CCG (FWCCG) and Blackpool CCG (BCCG) were on target for planned surplus 2017/18 subject to expenditure pattern in March and invoices received. <i>The Acting Executive for Governance, Patient Safety and Risk and the Clinical Chief Officer arrived at 15:30.</i></p> <p>NHSE had requested a year-end position of a total surplus requirement of £6.0m comprising of the original target surplus, 0.5% headroom (reserves) and Category M drugs. Reserves at month 11 would negate a QIPP negative budget.</p> <p>Work was ongoing to get budgets in line. Key risks at month 11 included the potential under-performance of QIPP and the fluctuations within Continuing Health Care. The CCG will check the Midland and Lancashire Commissioning Support Unit (M&LCSU) forecast at year-end with other Lancashire CCGs for a consistent approach. The net risk position had been reported to NHS England. The forecast outturn was currently in line with plan.</p> <p>RESOLVED: That the Committee approved the recommendations and noted the key risks reported at month 11 including the sustainability of the financial position.</p> <p>2018/19 Financial Planning (reported at 8b on the agenda) The Head of Finance provided a summary on the 2018/19 financial position to date. In 2018/19 the CCG will work to achieve the benefits of integrated system working by changing the way the CCG organises the health and care system: a Lancashire and South Cumbria Integrated Care System (ICS) and a Fylde coast Integrated Care Partnership (ICP).</p> <p>As reported in NHS England's Planning Guidance there had been an increase to CCG available resource and the ability to spend 0.5% headroom (£1.1m) locally (across Lancashire). There had also been an additional core programme allocation (£1.8m) but no additional winter allocation and a commissioner sustainability fund which had a nil anticipated impact on the CCG. ((Discussions had taken place at Board level regarding the use of monies described at a transformation level, including the criteria for collaborative working. The Fylde coast was at the</p>

<p>9c</p>	<p>forefront. Access to monies for the ICP existed and was based on a minimum local standard for transformation and improved outcomes. It was reported that there was to be a drive on transformation health and equality over the next few months to gain a clear distinction of the total in-year allocation between the Fylde coast and Lancashire. Gaynor – I am not sure what this means – best to check with Andrew or omit.))</p> <p>To achieve the Fylde coast surplus requirement (£9.3m) there was a related need to make hard decisions on savings. There was concern raised that services to patients will be affected by the need to meet our surplus. There was to be clinical input to a letter to be sent to NHS England/NHS Improvement requesting access to historic CCG surplus money in order to meet surplus targets and enable transformation of services across the ICP. It was acknowledged that financial planning is difficult until a national opinion gives us more certainty on the funding available and whether or not the ICP will be regulated on the basis of having a shared control total. Some clarity was expected by the end of April.</p> <p>A system redesign was key to achieving the QIPP target (2018/19) that had been set at 4% across Fylde coast organisations within the ICP; 4% was notional and was described as, deliverable in a provider setting but not in a commissioning setting. A collective knowledge across both CCGs and BTH was essential to understand what was to be included in the final QIPP value and how to develop and deliver the Fylde coast position.</p> <p>A contractual 2018/19 financial settlement figure had been agreed between the CCG and the main provider and a Memorandum of Understanding as to what the settlement figure contained and how any further over-performance would be handled etc. was in preparation. Pay band/scale points were discussed within the running costs. 2018/19 pressures and reserves highlighted a growth in Continuing Health Care (£0.5m) that was dependent on demographic change.</p> <p>The Committee was to sign off the agreed high-level base budgets at the April meeting, assuming the CCG receives planned headroom, with a caveat that budgets were in line with initial planning assumptions; historic headroom, provider de-risk and over-performance.</p> <p>RESOLVED: That the Committee approved the high-level base budgets for 2018/19 subject to final agreement on headroom monies, sign-off of the MoU with BTH and assurance around recovery of elective care targets without additional cost to the CCG.</p> <p>Shared Control Total (noted as Item 8c on the agenda) The slides had previously been presented to the Committee and were included for information only. A Harrison updated the Committee on the discussions with national and regional colleagues on the feasibility of achieving the shared control total.</p>
<p>10</p>	<p>Contract Performance and Sanctions month 10 (noted as item 9 on the agenda) The Chief Operating Officer gave a brief update on the contract performance and application of contract sanctions at month 10.</p> <p>GP referrals to all secondary care providers had a net increase year-to-date (+8.0%) when referrals to Tier 2 services had been included; this was thought to be a data accuracy issue and was to be re-assessed to map need against demand. It was considered that Tier 2 services were soaking up some demand that would previously have gone to secondary care and if this was the case, Tier 2 services were providing a good service by absorbing the increase in demographic change.</p> <p>Market share analysis had not changed since the last report. The data for GP referrals to BTH for Tier2, Musculoskeletal (MSK), Dermatology and Ophthalmology for 2016/17 and 2017/18 was to be verified. Three contract variations had been issued to the Trust and were being addressed as part of the 2018/19 planning process. Spire Fylde Coast Hospital (SFCH) was underperforming against the planned contract value (-7.2%). Data in relation to BTH contract sanctions had highlighted a significant difference in actual contract sanctions year-to-date (YTD) and the CCG element of the total YTD sanctions was noted. The CCG was to re-establish the position with the Trust once complex algorithms had been deciphered.</p>

	RESOLVED: That the Committee noted the recommendations on current contract performance at month 10 and the summary of contract sanctions up to month 10.
C) Decisions made by other committees/officers	
11	Financial decisions from other committees The decision with a financial implication made in the Executive Management Team (EMT) during February 2018: <ul style="list-style-type: none"> • PrescQIPP non-recurrent £3.7k.
D) Items for recommendation	
E) Items for information/comment	
12	Effective Use of Resources (EUR) The next topic for the EUR Group was to promote the effective use of resources function to clinical groups at the Trust going forward, played through to the Clinical Senate.
13	Quality, Innovation, Productivity and Prevention (QIPP) update It was reported that Integrated Health Solutions had carried out a QIPP audit in March 2018. A detailed piece of work was to be provided at the May meeting.
14	Contract sign-off update Contract sign-off was linked to the Single Control Total (SCT). The deadline for sign-off was 29 March 2018. LTH plan offer had been received and was being reviewed. The CCG was challenging the increase in contract activity at SFCH. Other contracts were under review. A full paper was to be presented at the May meeting to confirm completion of all contracts.
15	No Cheaper Stock Obtainable (NCSO) A summary paper was provided that highlighted the lack of ability to locally control and influence concession prices set by The Department of Health and Social Care for prescribing. The list of concession prices varied month-on-month. The CCG had allocated a sum of money to the prescribing budget to account for the inflated prices.
F) Items for referral to other committees/groups	
16	Items to be referred to Audit Committee None reported.
17	Items to be noted from or to Quality Improvement, Governance and Engagement Committee (QIG&EC) No items noted.
G) Minutes of other meetings – for information only	
18	FWCCG Contract Performance and Quality Sub-Group meeting <i>not available</i>
19	BTH FT Contract Review meeting <i>not available</i>
20	LTH FT Contract Review meeting <i>not available</i>
21	Lancashire Contracts Consortium meeting (17.11.2017) noted.
22	Spire Contract meeting <i>not available</i>
23	Lancashire Care Foundation Trust Contract Management Executive – Mental Health <i>not available</i>

24	<p>AnyOther Business The CFO was to provide an update at the May meeting on the downsized capacity at SFCH. Action CFO</p>
27	<p>Date and time of next meeting: Tuesday 24 April 2018, 15:00-17:00, Boardroom, Wesham</p>

RATIFIED