

GOVERNING BODY MEETING – TUESDAY 20 SEPTEMBER 2016

MINUTES TO BE RECEIVED

Title of Meeting	FINANCE AND PERFORMANCE COMMITTEE
Date of Meeting	28 June 2016
Status (ratified/draft)	RATIFIED
CCG Representatives	M Dowling, T Naughton, A Harrison, J Williams, D Walsh, P Tinson, P Bennett, S Camplin, F Guest, J Gaskins, C Lewis, P Olive, N Walmsley

Summary of key issues discussed:

Prescribing – Clinical Lead Medicines updated Committee regarding the achievement of results by the best performing practices and discussed the value of positive culture in practices

Financial Position at Month 2 – Head of Finance informed Committee that the key financial duties had been met and is achieving the forecast surplus to date. Allocations were in line with approved budgets for 16-17. Year end accruals were in line with forecasts. QIPP targets and current projections were reviewed and agreed as specific focus in year.

Financial Decisions from other Meetings – the Committee agreed the approvals from Executive Management Team.

Information Governance – The Head of Quality updated Committee on the service and improvement plan for 2016-17. The Information Governance toolkit had been released without major change. The Committee approved the report and Improvement Plan.

Information Management and Technology Digital Health Report – The Chief Finance Officer updated Committee on this report. Progress within practices and NHS mail was discussed in conjunction with the Test Bed innovation work. The Committee noted the information.

Individual Patient Activity (IPA) – Head of Commissioning discussed the performance report for May 2016 noting no significant or unusual cases within this CCG compared to Lancashire. Previously unassessed periods of care (PUPoC) numbers were also discussed and summarised noting the CCG was 10% behind trajectory. The Committee noted both reports and queried some aspect of value for money and funding details.

Contract Performance and Sanctions – Head of Delivery & Planning summarised Month01 contract performance and application of sanctions. Similar trends expected to 15/16.

Vanguard VP2 update – Chief Finance Officer informed Committee that he finding had been formally confirmed for 16-17.

Sustainability and Transformation Plan (STP) Finance Template User guide – Chief Finance Officer requested that Committee receive the template prepared by NHS England for information.

Matters requiring action by Governing Body

Details:	By whom:	Timescale:
No actions required.		

Recommendation

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

J Williams
Head of Finance

FINANCE AND PERFORMANCE COMMITTEE (F&PC)

Minutes of the Finance and Performance Committee Meeting held on
Tuesday 28 June 2016, CCG Boardroom, Wesham**Present:**

Andrew Harrison (Chair)	Chief Finance Officer	FW CCG
Mary Dowling	Chair, Governing Body	FW CCG
Peter Tinson	Chief Operating Officer	FW CCG
Dr Tony Naughton	Chief Clinical Officer	FW CCG
Judith Williams	Head of Finance	FW CCG
Dr Felicity Guest	GP Elected Clinical Lead	FW CCG
Dr Peter Benett	GP Elected Clinical Lead	FW CCG
Paul Olive	Lay Member	FW CCG

In Attendance:

John Gaskins	Finance and Business Support Manager	FW CCG
David Walsh	Finance Manager	FW CCG
Claire Lewis	Head of Quality	FW CCG
Nicola Walmsley (part)	Head of Delivery and Planning	FW CCG
Sarah Camplin (part)	Head of Commissioning	FW CCG
Gaynor Jones	Minutes	FW CCG

A) Items of routine business	
No.	Item
1	Apologies for Absence Apologies for absence were received from: J Alexander; P Kelly; J Reid; K Toole.
2	Confirmation of attendees, Committee powers of approval and meeting quoracy It was agreed that the meeting was quorate.
3	Declarations of Interest None reported.
4	Any other matters of urgent business None reported.
5	Minutes of the last meeting held on 31 May 2016 The minutes of the last meeting were agreed as a correct record following two minor amendments: page 2, item 7: LTH to LCFT, and page 8, item 18: FW CCG had £4.3m agreed...amended to Fylde Coast had £4.3m agreed.
6	Matters arising not on the agenda 6.1 Action Sheet <i>NHSPS:</i> The Chief Finance Officer had written to NHSPS and had been invited to represent Lancashire CCGs at the NHSCC-NHSPS Customer Board meetings. A meeting had also been arranged on Friday 01 July to discuss outstanding property matters with NHSPS FWCCG/Fylde Coast representative, Mr Joao Filipe. <i>Dock Street:</i> A meeting was being arranged to resolve the legal aspects on the Heads of Terms (HOTS) and the finalisation of PIDs-to-business cases before sign-off and to resolve the financial barrier for underwriting service provision. The Governing Body Chair was to seek further updates from BTH Chair. <i>LCFT:</i> It was noted that an agreed split of the current business case allocations would be reviewed for 2016-17 and beyond.

	<p>The action sheet was reviewed and updated accordingly.</p> <p>6.1.1: <i>Prescribing</i>: Dr Guest gave an update on an action from the March F&PC meeting (29 March 2016, Item 13), which was to ascertain what the best performing practices had done to achieve good results. The responses indicated that good performance was centred on a positive culture within practices. The “champion” practices’ culture was to be explored further via the neighbourhood arrangements. It was noted that neighbourhood leads were to request that the prescribing budget was placed on the agendas of all neighbourhood meetings to expand on peer review and to monitor spends and trends throughout the year.</p>
B) Items for approval	
7	<p>Financial position – Month 2</p> <p>The Head of Finance updated the Committee regarding the CCG’s financial position at Month 2. It was reported that the FWCCG had met its key financial duties and is achieving its forecast surplus to date. The allocations received to date are in line with expected budgets approved by this Committee. It was reiterated that the prescribing accruals for 2015-16 represented the largest estimate that the finance team calculated at year end, and from February and March estimates vs expenditure which is now available, the finance team’s calculation was only £7k different to the estimates made at year end. A detailed performance report of main providers and Health Economy positions indicated similar trends with 2015-16 at this stage of the year.</p> <p>The Finance Business Support Manager gave an update on the underlying position of known and planned reserves. Age-related Macular Degeneration (AMD) £1.6m; assumed contract over-performance £1.6m and prescribing pressures £0.5m were key provisions. It was noted that FWCCG presently holds £4.1m in reserves. Subsequent known, assumed and anticipated allocations to be brought back to the July meeting.</p> <p>Action: Head of Finance</p> <p>QIPP targets and current projections were reviewed. Current positions on achievement likelihood were: low c£1.05m; medium c£1.7m (of which £0.5m was non-recurrent slippage) and high c£2.4m (of which £0.5m was non-recurrent slippage). QIPP was to be embedded into the financial reporting going forward. It was noted that robust transaction and transformation plans were in place to monitor change and assist QIPP delivery. The risk of this work and its achievement were discussed and would remain of significant focus at all future meetings. The September/October meetings of the Committee would provide final confirmation on the level of QIPP achievement in 2016-17.</p> <p>RESOLVED: The Committee approved the content of the report.</p>
C) Decisions made by other committees / officers	
8	<p>Financial Decisions from other committees (Month 2)</p> <p>The Head of Finance updated the Committee regarding the financial decisions made with financial implications. The Committee was requested to approve the use of resources against 2016-17 financial duties, plans and recommendations, which had been approved through the officers at the Executive Management Team (EMT) meetings in May/June 2016. The Clinical Commissioning Committee meeting in June made no decisions involving financial commitments.</p> <p>It was requested that ‘EMT’ was to be re-categorised in line with appropriate governance, as EMT was not a Committee, but a team who were individually responsible for ensuring the effective co-ordination of all functions of the CCG and could apply their appropriate approval powers.</p> <p>RESOLVED: The Committee approved the decisions made through EMT and noted the financial decisions and the commitment to 2016/17 financial plans.</p>
D) Items for discussion	

9	<p>Information Governance (IG)</p> <p>The Head of Quality gave an update on the Information Governance service and improvement plan for 2016-17 covering both Blackpool and Fylde and Wyre CCGs; the IG leads had agreed that there would be 1 report going forward and the report was to be recommended to both CCGs Finance and Performance Committees for approval.</p> <p>The latest version of the Information Governance Toolkit had been released with no major changes. The U_Assure process was being utilised to assess risk. The CSU had released a briefing to the CCGs regarding a change in the responsibilities for reporting incidents where the CSU act as a Data Processor on behalf of the CCGs. It was noted that FW CCG were working on a solution regarding noncompliance at one surgery; corrective actions were to be put in place with support from NHS England. A question was raised whether there would be an opportunity to redact parts of the joint report on matters appropriate to only FW CCG.</p> <p>RESOLVED:</p> <p>The Committee noted the content of the bi-monthly report and approved the 2016-17 CCGs Information Governance Improvement Plan to support the evidence to be provided for the Information Governance Toolkit.</p>
10	<p>IM&T Digital Health Report</p> <p>The Chief Finance Officer updated the Committee on the IM&T report for May 2016; the report was also available on the intranet (on the 'Digital Health' page).</p> <p>It was noted that electronic radiology reports were in place and work was ongoing to deliver benefits on a recurrent basis. NHSmail migration in practices was continuing ahead of the roll out of NHSmail over the summer. Over the next few months all practices would be fully migrated to NHSmail to enable them to utilise this for their email system.</p> <p>Key targets had been colour coded and included in the Quality Contract. GP2GP requesting and sending should be greater than a level of 75% and GP2GP integration should be greater than a level of 50%. It was noted that most practices were meeting those targets. The overall financial position reflected changes in budgeting (non ring fenced funds) and showed a whole budget for both GPIT and CCG IT costs; it was suggested that financial savings in this budget area remain under review and consideration but recognising its importance in supporting New Models of Care (NMoC). The lay member present questioned the 'Top 10 Incident Categories' and whether more could be done in mitigating the same. The Head of Quality questioned whether the CCG was assured that a full resolution to receipt of timely discharge reports from LTH has now been achieved. The Chief Finance Officer agreed to feedback the questions and points raised by the Committee to the Head of IM&T.</p> <p>Action: Head of IM&T to clarify the questions raised for the July F&PC meeting</p> <p>The Committee discussed progress on the Test Bed innovation work, which was to commence in July assisted by FWCCG's main innovator partner, Philips Health Systems, utilising a technology-enabled supported self-care programme to reduce hospital admissions. It was reported that Test Bed colleagues were to set up a "front-room" to showcase and present the technology.</p> <p>RESOLVED:</p> <p>The Committee noted the information in the report.</p> <p>The Head of Commissioning joined the meeting at 14:10</p>
11	<p>Individual Patient Activity (IPA) performance report including PUPoC trajectory update</p> <p>11.1 The Head of Commissioning updated the Committee on the IPA performance report for May 2016, noting nothing of significance or unusual in the mix of cases compared to our neighbours. It was reported that 51 Fylde and Wyre retrospective cases were waiting to be fully assessed. FWCCG was ahead of trajectory and remain on forecast to complete all remaining cases by September 2016.</p> <p>NHS England had however issued a template for a CCG Improvement Plan as it was reported that FWCCG was over 10% behind trajectory on the PUPoC service. The CCG's response was discussed and summarised. It was noted that mitigation and remedial plans were already in place and FWCCG remain assured that MLCSU will meet the September target for PUPoC caseload completion. FWCCG was to continue to monitor MLCSU performance on a monthly basis in conjunction with the local NHS England team, using the completion rates</p>

	<p>agreed in April 2016. The Governing Body Chair commended the efforts to ensure that the September target was met.</p> <p>The Head of Delivery and Planning joined the meeting at 14:20</p> <p>11.2 Personal Health Budgets (PHB): A paper was provided giving an update on the development of the PHBs agenda and uptake of budgets across Lancashire. The paper highlighted the significant work required to improve current processes and take up in relation to PHBs in order that Lancashire CCGs meet their obligations to this agenda. Three steps to meeting health and wellbeing needs within this budget area were discussed. Step 1: assessment of need; Step 2: budget allocation; Step 3: support planning and using a budget. It was reported that there was a relatively low uptake of PHBs in Lancashire; currently 52 patients had active PHBs with a further 32 who were in the process of working towards a PHB. A time-limited assessment by CSU until 31 March 2017 had been presented to the IPA Programme Board for consideration. To support this work, CCGs were requested to fund a 'pro-rata' share of £106,163; the Committee requested clarification on the 'pro-rata' share. The Committee also queried its value for money and the long-term viability and gaining the required reassurance on how it was to support and maintain PHBs going forward. The Head of Commissioning was to challenge the CSU's methodology and ascertain if the CSU was using their surplus, which was an alternative to additional CCG funding.</p> <p>Action: Head of Commissioning to clarify the 'pro-rata' funding and challenge the approach of CSU regarding PHBs and report back to the Committee at the July meeting.</p> <p>RESOLVED: The Committee noted both PUPoC information and the wider IPA Performance Report. The Committee queried PHB value for money and the long-term viability and required reassurance and funding details on how it was to support PHBs going forward.</p>
12	<p>Contract Performance and Sanctions (Month 1)</p> <p>The Head of Delivery and Planning gave a brief summary of the Month 1 contract performance and application of contract sanctions. Contract over performance: Blackpool Teaching Hospitals (BTH) £165,833; Spire Fylde Coast Hospital (SFCH) £38,535 and University Hospital of Morecambe Bay £41,697. It was reported that GP referrals year-to-date across all providers had decreased when compared to the same period in 2015-16. It was recognised this position was still very early in the year to form firm trends.</p> <p><i>Performance Highlights – BTH</i> The current levels of over performance in Dermatology and Respiratory Physiology in 2015-16 was being queried with the Trust to ensure coding changes had been correctly applied in the current financial year.</p> <p><i>Performance Highlights – Other Providers</i> SFCH was over performing against the planned contract value. The majority of over performance was in the speciality of Trauma and Orthopaedics in the Daycase Point of Delivery. GP referrals across all specialities to SFCH had increased compared to the same period in the previous year. The reason for SFCH's 30% over performance was still not clear and continues to be investigated and pursued. The Committee noted that some of the factors contributing to the over performance were set out in the report. At Month 1, University Hospitals of Morecambe Bay the Trust was over performing against the planned contract value; the majority of over performance was in non-elective activity.</p> <p><i>Contract Sanctions</i> – It was reported that where providers had agreed performance trajectories for 2016-17, as a condition of accessing the Sustainability and Transformation Fund (STF), the operation of contract sanctions had been temporarily suspended to avoid double-jeopardy.</p> <p>The Finance Manager and Chief Operating Officer left the meeting at 14:45</p> <p>12.1 <i>2015-16 Contract Pressures and Market Share Analysis:</i> The Head of Delivery and Planning provided the Committee with a summary and analysis of contract pressures experienced in 2015-16 for all providers and how actions were in place to mitigate the pressures in 2016-17. The report was considered self-explanatory and informative; part of the report illustrated the SFCH contract pressures for 2015-16 (referenced above), split by reason for cost variance. It was noted that the main drivers for contract</p>

	<p>pressures were attributed to GP referral growth (29%) and the waiting list reduction (36%) associated with accelerated pathways. Differences in GP referral datasets were being analysed for 2015-16 to provide further evidence.</p> <p>RESOLVED: The Committee noted the contract position at Month 1 and that specific performance trends were difficult to identify at such an early point in the year. The Committee also noted the contributory causes of contract pressures in 2015-16 and the actions in place to mitigate pressures in 2016-17 and the ongoing work to understand the full reasons for the SFCH over performance in 2015-16.</p>
13	<p>Vanguard (VP2) update The Chief Finance Officer informed the Committee that FW CCG's Vanguard funding had been formally confirmed for 2016-17 along with associated national expectations and conditions.</p> <p>Action: The Chief Finance Officer to bring an analysis of spend on these budgets to the July meeting</p> <p>RESOLVED: The information was received by the Committee.</p>
14	<p>QIPP Covered in item 7 above.</p>
15	<p>Sustainability and Transformation Plan (STP) Finance Template User's Guide The Chief Finance Officer requested that the Committee receive the finance and efficiency template prepared by NHS England for information only.</p> <p>RESOLVED: The Committee received the user's guide for information.</p>
E) Minutes of other meetings	
	<p>The Governing Body Chair requested a summary of the purpose of these committees. Action: Head of Delivery and Planning.</p>
16	FW CCG Contract, Performance and Quality Review (13 May 2016) - noted for information
17	BTH FT Contract Review meeting - not available
18	LTH FT Contract Review meeting - not available
19	Lancashire Contracts Consortium meeting - not available
20	Spire Contract Meeting (16 May 2016) - noted for information
21	Lancashire Care Foundation Trust Contract Management Executive – Mental Health (24 May 2016) – noted for information
22	Lancashire Care Foundation Trust Contract Management Executive Community – not available
23	<p>Any other business The Committee was informed that there would be no F&PC meeting in August.</p>
24	<p>Date and time of next meeting: Tuesday 26 July at 13:00-15:00 in the Boardroom, Wesham</p>

GOVERNING BODY MEETING – TUESDAY 20 SEPTEMBER 2016

MINUTES TO BE RECEIVED

Title of Meeting	FINANCE AND PERFORMANCE COMMITTEE
Date of Meeting	26 July 2016
Status (ratified/draft)	DRAFT
CCG Representatives	M Dowling, J Williams, D Walsh, S Camplin, F Guest, N Walmsley, P Kelly, T Johnson

Summary of key issues discussed:

Financial Position Month 03- Head of Finance updated Committee on the position at Month 03 and the final year end position including the main provider contract. Delivery of QIPP in 16/17 and recurrently were stated as the greatest financial risks to CCG financial duties achievement. This was agreed to be a September review.

Contract Performance and Sanctions Month 02 – Head of Delivery and Planning summarised the issues and over performance within various providers was reported. Coding changes and challenges were discussed that were in place with the main provider.

Financial Decisions from other Meetings Month 03 – Head of Finance updated Committee that none were made in this month that were not anticipated to be cost neutral.

Estates / Capital – Head of Finance gave an overall report on all schemes. Responses were awaited from NHS England and NHS Property Services in some areas.

Individual Patient Activity (IPA) performance report and PUPoC (previously unassessed periods of care) trajectory update – Head of Commissioning discussed the mitigation plan submitted to catch up with the planned trajectory of cases which are behind original plan.

Vanguard VP2 Update – Chair tabled a Vanguard budget statement for 16/17 listing the funding and planned spend associated with the schemes.

Lancashire Local Digital Roadmap 2016-21 – Head of IM & T updated Committee on work ongoing to reduce incident calls to the IT service desk via password and other updates. All Lancashire CCGs agreed to collaborate on the creation of a single Digital Roadmap as part of the Healthier Lancashire initiatives.

Summary of Meeting Details – Head of Delivery and Planning provided a summary of the purpose of five contractual meetings that this Committee receives minutes for. The Committee noted the robust monitoring systems in place.

Matters requiring action by Governing Body

Details:	By whom:	Timescale:
No actions required.		

Recommendation

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

J Williams
Head of Finance

FINANCE AND PERFORMANCE COMMITTEE (F&PC)

Minutes of the Finance and Performance Committee Meeting held on
Tuesday 26 July 2016, CCG Boardroom, Wesham**Present:**

David Walsh (Chair)	Finance Manager <i>(Representing the Chief Finance Officer)</i>	FW CCG
Mary Dowling	Chair, Governing Body	FW CCG
Nicola Walmsley	Head of Delivery and Planning <i>(Representing the Chief Operating Officer)</i>	FW CCG
Dr Thomas Johnson	GP Elected Clinical Lead <i>(Representing the Clinical Chief Officer)</i>	FW CCG
Judith Williams	Head of Finance	FW CCG
Dr Felicity Guest	GP Elected Clinical Lead	FW CCG

In Attendance:

Sarah Camplin (for Item 11)	Head of Commissioning	FW CCG
Peter Kelly (for Item 13)	Head of IM&T	FW CCG
Gaynor Jones	Minutes	FW CCG

A) Items of routine business	
No.	Item
1	Apologies for Absence Apologies for absence were received from: J Reid, P Benett, A Harrison, P Tinson, J Gaskins, C Lewis, T Naughton, P Olive.
2	Confirmation of attendees, Committee powers of approval and meeting quoracy It was agreed that the meeting was quorate.
3	Declarations of Interest None reported.
4	Any other matters of urgent business QIPP covered under Item 7.
5	Minutes of the last meeting held on 28 June 2016 The minutes of the last meeting were agreed as a correct record following a minor amendment on page 4, Item 12: the reason for SFCH's 40% over performance... amended to, the reason for SFCH's 30% over performance...
6	Matters arising not on the agenda It was noted that the LCIA Test Beds service development had been rescheduled to September 2016 to allow adequate time for the requirements to be robustly implemented. 6.1 Action Sheet The action sheet was reviewed and updated accordingly.
B) Items for approval	
7	Financial position – Month 3 The final year-end actual position and its implications were reflected in the presentation given by the Head of Finance, including confirmation of the final position on the Trust contract. Fylde and Wyre Clinical Commissioning Group (FWCCG) provisions were appropriate and there were no additional costs incurred. There was a focused discussion

	<p>held on the reported financial position. Both current and potential future risks were identified, along with the delivery of QIPP for this year and 2017/18 and also around the risks of implementation and the achievement of the New Models of Care (NMoC) and related programmes. QIPP target schemes remained fundamentally challenging and confidence in achieving the targets remained variable but they were under close scrutiny; the September/October F&PC meetings would provide robust confirmation on the level of QIPP achievement in 2016-17. At the present time it was felt that FWCCG should work on the basis that QIPP targets would not be met in full.</p> <p>The wider economy reported financial issues and potential risks were highlighted. The current Spire contractual position and forecasts were discussed along with the implications of the latest FNC guidance. The Committee discussed how FWCCG and Blackpool Clinical Commissioning Group (BCCG) could work on a collective/partnership basis to address some of the issues and risks and it was felt that further discussions were necessary. It was also suggested that FWCCG should look at maintaining their schemes and approach for the longer-term benefit. The latest NHS England publications on Trust and CCG financial asks and requirements were circulated and discussed including the impact of the increases announced in nursing home costs.</p> <p>It was agreed to revisit the position in September. The Chair requested that every effort should be made to attend the September meeting given its importance.</p> <p>RESOLVED: The Committee approved the financial position for month three and confirmed that the September meeting would further evaluate the known financial pressures and the most likely QIPP outcome in order to inform the Governing Body of the most likely financial outturn at year end.</p>
8	<p>Contract Performance and Sanctions as at May 2016 (Month 2)</p> <p>The Head of Delivery and Planning updated the Committee regarding contract performance and application of contract sanctions as at month 2. A summary of contract sanctions up to month 2 had also been included for information.</p> <p><i>Contract over performance:</i> Blackpool Teaching Hospitals (BTH) £456,707 the main area of over performance was in relation to Daycase activity and ENT outpatient procedure activity; Spire Fylde Coast Hospital (SFCH) £70,823 the main area of over performance was in the speciality of Trauma & Orthopaedics and Ophthalmology for cataract procedures. The analysis of the SFCH over performance in 2015/16 continues in order to better manage the 2016/17 contract.</p> <p>The SFCH contract over performance is expected to increase over the coming months due to a significant increase in GP referrals to SFCH. It was noted that the CSU Hub BI Team had undertaken a reconciliation of GP referral datasets and it appeared that GP referrals had been under reported by Spire in 2015/16, offering an explanation for the previously unexplained element of over performance against the contract. The CCG has written formally to request that future referral datasets include NHS number and also separately identify referrals from GPs and other sources.</p> <p><i>Performance Highlights – BTH:</i> it was reported that FWCCG and Trust had agreed to a coding change in Dermatology in 2015/16 and the impact of this coding change had been factored into the 2016/17 contract plan. The current level of over performance in this area was being queried with the Trust to ensure coding changes had been correctly applied in the current financial year. It was noted that a number of contract queries have been raised with the Trust, which relate to technical issues and/or unagreed coding changes, the current level of contract over performance is expected to reduce when these queries are corrected.</p> <p><i>Application of contract sanctions:</i> the financial sanctions accumulated for FWCCG at BTH in month 2 were in relation to breaches in A&E 4 hour targets. Breaches in ambulance handover times had decreased compared to the previous month. A BTH contract sanction was attributed to a “mixed sex” accommodation breach for a FWCCG patient.</p> <p>RESOLVED: The Committee approved the contract position at month 2.</p>
C) Decisions made by other committees / officers	
9	Financial Decisions from other committees (Month 3)

	<p>The Head of Finance updated the Committee regarding the financial decisions made with financial implications. The Clinical Commissioning Committee (CCC) in July made no specific financial decisions but discussed the Diabetes service model 6-month pilot for the Wyre Neighbourhood (estimated cost neutral). The Executive Management Team (EMT) made no financial decisions but discussed future financial implications in GP recruitment and retention within the Fylde Coast and the Multi-Speciality Provider development.</p> <p>RESOLVED: The Committee noted the content of the discussions at the CCC and EMT.</p>
D) Items for discussion	
	<p>Estates / Capital</p> <p>The Head of Finance gave a verbal update on the estates position:</p> <ul style="list-style-type: none"> • <i>Queensway Medical Practice</i>: discussions were ongoing regarding the relocation of the Practice to Poulton Civic Centre. • <i>Whyndyke Farm Healthy New Town</i>: the exact service delivery model was still to be determined. NHS England would assess this scheme. A question remained whether the national focus on these developments would lead to this being considered in a different way. • <i>Video consultations and virtual waiting rooms</i>: A Fylde Coast scheme of utilising technology to enable remote consultations was reported. • <i>Multi-media</i>: Improving patient communications through multi-media was noted; use of interactive kiosks in practices across the Fylde and Wyre footprint to standardise patient information, campaigns and alerts. • <i>Estates and Technology Transformation Fund (ETTF)</i>: It was reported that the ETTF at August 2016 was significantly oversubscribed and the basis for funding distribution was currently unclear. Lancashire's prioritisation was likely to be August 2016 (by the Lancashire Capital Working Group) once available funds were confirmed. • <i>Poplar House</i>: This scheme was reported to be in the Lancashire Capital Plan. Feedback from the Lancashire Capital Oversight Group was awaited. • <i>Wesham</i>: an option appraisal paper had been produced by NHS Property Services (NHS PS) with a CCG revised draft being produced. <p>The Head of Commissioning joined the meeting at 14:20.</p> <ul style="list-style-type: none"> • <i>Dock Street</i>: NHS PS had received an email from FWCCG and BTH in early July regarding matters on a number of cost areas, lease terms and clauses and a full response was awaited. A productive meeting had taken place on 18 July 2016 between FWCCG and BTH. The Chair of the Governing Body was to write to the CEO of NHS PS highlighting the inability to conclude this scheme due to continuing delays.
11	<p>Individual Patient Activity (IPA) performance report including Previously Un-assessed Periods of Care (PUPoC) trajectory update</p> <p>The Head of Commissioning updated the Committee on the IPA performance report for June 2016, which provided a summary on all areas of IPA activity.</p> <p>It was noted that NHS England had received FWCCG's mitigation action plan for PUPoC within the specified timeframe. The Chair of the IPA Programme Board had met with NHS England on behalf of those CCGs who were not meeting their original trajectories and this resulted in NHS England providing a clear process on what should be done in cases where additional records were unable to be located. Midlands and Lancashire Commissioning Support Unit (MLCSU) would follow this process in the small number of cases where this situation occurred. It was reported that 22 cases of PUPoC were behind the original trajectory, but MLCSU were confident that FWCCG would achieve completion of all remaining cases by the end of September 2016.</p> <p>A verbal update was given on the work that was being undertaken regarding Delivery of Continuing Healthcare (CHC). A third-party agency had been commissioned by MLCSU to focus on the backlog of reviews, monitored by FWCCG.</p> <p>The Head of IM&T joined the meeting at 14:30.</p> <p>RESOLVED:</p>

	The Committee noted both PUPoC and the wider IPA Performance Report.
12	<p>Vanguard (VP2) update</p> <p>The Chair tabled a one-page Fylde Coast Vanguard Budget Statement for 2016/17 which listed the funding available and allocated areas of spend; it was pointed out that the Vanguard funding received was less than originally planned. There would be a range of factors to determine a fair funding split between FWCCG and BCCG agreed plans. An update on progress would be provided at the September meeting.</p> <p>RESOLVED: The information was received by the Committee.</p>
13	<p>Lancashire Local Digital Roadmap 2016-2021</p> <p>The Head of IM&T provided an update on the questions raised at the last F&PC meeting on the 'Top 10 Incident Categories' and whether more could be done in mitigating the same. It was reported that work was ongoing to reduce password resets via the creation of a self-service password reset portal.. At the last meeting the Head of Quality questioned whether the CCG was assured that a full resolution to receipt of timely discharge reports from LTH has now been achieved. The Head of IM&T updated the Committee on the discharge process at LTH which will be utilising a Lancashire-wide innovative project, the "Local Patient Record Exchange Service (L-PRES", which will providing secure E-discharge, initially via the existing EDT hub (as this is a current and proved technology). This LPRES to EDT Hub link will service LTH's discharge summaries to all but one FWCCG GP Practice. As that Practice does not use EDT hub, alongside the LPRES to EDT hub enablement, the project team are testing LPRES delivering E-Discharge reports directly into Emis clinical system. This will be piloted with the one practice and once proven, offered to others. The testing is planned to take place in August and, subject to successful tests, go live in September.</p> <p>The Committee was notified that as part of the Healthy Lancashire initiative, all Lancashire CCGs agreed to collaborate on the creation of a single county-wide Digital Roadmap based on a five year forward view. This has been coordinated through the existing Lancashire Digital Health Board by the Healthy Lancashire Digital Lead and based on a combination of national and local clinical priorities (using CCGs' strategic plans) and supports STPs.</p> <p>RESOLVED The report was received for information for the general interest of the Committee but required no formal discussion.</p> <p>Head of IM&T left the meeting at 15:00.</p>
14	<p>Summary of meeting details</p> <p>The Head of Delivery and Planning provided a summary of the purpose of five contractual meetings of which the Committee receives copies of the minutes for information. The Committee noted the purpose of the contract review meetings and the robust monitoring systems in place.</p>
E) Minutes of other meetings	
15	FW CCG Contract, Performance and Quality Review (10 June 2016) - noted
16	BTH FT Contract Review meeting – (03 June 2016) - noted
17	LTH FT Contract Review meeting – (26 May 2016) - noted
18	Lancashire Contracts Consortium meeting - <i>not available</i>
19	Spire Contract Meeting – <i>not available</i>
20	Lancashire Care Foundation Trust Contract Management Executive – Mental Health – <i>not available</i>
21	Lancashire Care Foundation Trust Contract Management Executive Community – <i>not available</i>

23	Any other business Dr T Johnson offered to stand in for Dr J Reid during his absence. This request was to be brought to the attention of the Chief Finance Officer on his returns from leave. Dr F Guest gave apologies for the meeting on 27 September 2016.
24	Date and time of next meeting: Tuesday 27 September at 13:00-15:00 in the Boardroom, Wesham

DRAFT