

Finance & Performance Committee
18 February 2014
Thames Room, Civic Offices

Present:	Lesley Buckland	Interim Chair – Lay Member
	Ade Olarinde	Chief Finance Officer
	Mandy Ansell	Chief Operating Officer
	Rahul Chaudhari	Senior Commissioning Manager
	Femi Otukoya	Head of Finance
	Gemma Curtis	Deputy Business Manager – Minutes
In Attendance:	Annette Willcox	Contracts & Contract Information
Apologies:	Dr A Deshpande	Chair of the Board
	Janette Joshi	Head of Contracts & Contract Information
	Dawn Scrafield	Director of Finance – Essex Area Team
	Dr Nimal-Raj	Accountable Officer

1.	<p>Welcome & Apologies</p> <p>LB welcomed all to the meeting. Apologies for the meeting were noted above. There were no declarations of interests declared from the committee.</p> <p>It was noted that there was no GP present at the meeting, thus for the meeting is not quorate, however LB has discussed this prior to the meeting, if there are any decisions that need to be made these will be discussed separately.</p>
2.	<p>Minutes of the meeting held on 15 January 2014 and Action Log</p> <p>The minutes of the previous meeting held on 15 January were reviewed and confirmed as an accurate record.</p> <p>Actions from the previous meeting were reviewed and updates were received from the action owners.</p> <p>Action Log:</p> <p>1 – An update to be received from JB and distributed to the team. Action GC</p> <p>2 – An individual has been identified from Public Health. She will be going out to practices, a rolling programme of work has been identified. Showing them how to work Mede, this has been agreed for the next 3 months. Pearl was introduced to the GP's at the last CEG meeting. It was discussed that a financial pot has been identified for incentives for GP's. Action complete.</p> <p>3 – Action complete</p> <p>4 – Action complete</p> <p>5 – Contact RN to obtain an update and circulate. Action GC</p> <p>6 - Contact RN to obtain an update and circulate. Action GC</p>

	<p>7 - Contact JJ to obtain an update and circulate. Action GC</p> <p>8 – Working progress. Further update once the revised draft has been created. Action AO</p> <p>9 – LB has spoken to Len Green regarding this, further discussions have been had and it has been confirmed that this has not been to either committee this month, this will be monitored going forward</p> <p>10 – Action complete</p>
3.	Month 10 Finance Report
	<p>FO presented the report to the committee, the following points from the report were detailed.</p> <p>Summary outturn Year to date expenditure of £152,494k, with a variance of £1,481k underspend. Forecast expenditure of £182,819k with a variance of £1,779k.</p> <p>Program budget: Year to date £149,331k with a variance of £1,481k overspend. Forecast expenditure variances of £1,492k overspend. Within other reserves (£5m), property services (£1.4m), re-ablement (£0.86m), patient transport (£1.4m) and NHS 111 (£0.5m). The forecast outturn underspend of £5.1m is predominantly on the reserves, which has helped to reduce the overall CCG underspend.</p> <p>Acute contracts Year to date pressure of £3,955k and forecast of £5,073k. Main pressure within this on the BTUH contract with a year to date pressure of £2,324k and forecast outturn of £3,001k. There is also pressure on the London Acute contracts including BHRT (£412k YTD), Guys Hospital (£156k YTD), Royal Free (£122k YTD) and Kings College (£118k YTD). Details of the BTUH contract are discussed in a separate paper.</p> <p>Continuing Healthcare Forecast outturn pressure of £1.9m on Adult Continuing Care current cases, an increase of £662k from last month. This is predominantly due to the risk share agreement on the continuing Healthcare budgets, as Thurrock's own cases did not increase, however the position is impacted by the increase in Basildon and Brentwood CCG's position (Risk share split Thurrock 7.8%, BBCCG 62.2%). It is slightly offset by a forecast underspend on Children's Continuing Care. Continuing Healthcare costs and increased demand in 2013-14 is being reviewed and analysed by a Task and finish group who will report back to this committee. It was noted that Jane Kinniburgh attended the quality & governance committee on the 14th February and this was discussed in detail.</p> <p>Running Costs Budget Year to date Expenditure of 3,416k; with a variance of £253k underspend; forecast outturn of £3,813k; with a forecast variance of £287k underspend. As indicated in the report provided, there are no issues forecast which to impact on the Running costs.</p> <p>CSU Contract MA confirmed that there are concerns regarding capacity at present. This includes not having a primary care lead, and that the joint posts seem to be struggling within the workload. It was discussed that when the GP's go on to payroll that attendance needs to be monitored. It was confirmed that FO is currently working with Steve Stavrinou to set the system up from the 1st April 2014. This will be discussed further at the next planned Rem Com. LB requested that all papers for the Rem Comm meeting are received prior to</p>

the meeting as these are complex issues that need to be discussed.

Financial Recover Plan

The CCG has a financial recovery plan which identifies actions and measures that will enable the CCG to achieve its surplus target of £1,779k. This will be discussed further under the appropriate agenda item

Risks:

The risks to the CCG achieving its target remain as follows:

1. **FRP actions** – There is a risk that the actions outlined in the FRP above do not deliver as anticipated. These workstreams and continuously being reviewed.
2. **Over performance and Winter pressures** – the risk that there is higher activity over the winter months than is anticipated and covered by the winter pressure funding.
3. **Continuing Healthcare** – There continues to be a risk around the increase in number of cases for the year, although this is being continuously evaluated as mentioned above.

LB asked if the risks are on the risk register. AO confirmed that these have been added.

QIPP

FO confirmed that the current outturn position and forecast are both on target. With the detailed schemes FO will forward to GC to circulate to the committee.

AO confirmed that following discussions with the PMO team, it has been agreed that extra QIPP's that have not been planned to be removed from the report as assurance has not been received for these.

4. 2013/14 Financial Recovery Plan

AO provided the committee with a verbal update with regards to the 2013/14 Financial Recovery Plan. The position at the last Committee meeting was reiterated to the committee and it was confirmed that practices visits have taken place with the commissioning teams support. AO reiterated that a CHC meeting is still going ahead on a fortnightly basis.

At present there is a programme of review in progress, however, unfortunately it was hoped that a number of patients would have been stepped down, but this has not been the case.

An internal audit was undertaken for the CHC process, the report has only just been circulated and has not been distributed to the wider team as yet. After reading the overview of the report it was noted that there is a need for an increase of capacity for sustainability.

AO also confirmed that a piece of work has been undertaken for cases incorrectly allocated to Thurrock CCG.

AO detailed that a piece of work has taken place regarding budgetary reposition from the split of services from PCT's. At present we are working towards a fixed outturn for the current financial year.

In terms of the Financial Recovery Plan, overall the financial result shows that the important thing is to come in close to our target.

	<p>RC updated the committee that 90% of the practice visits have been completed. It was confirmed that GP's were invited and allocated practices to attend the visits, however only 6 practice visits were attended by a GP. All others were completed by RC.</p>
5.	<p>Acute Contracts Performance</p> <p>The paper was received at the meeting. No one from the team attended the meeting to present the paper.</p> <p>It was confirmed for GC to email the team asking for an update that can be circulated prior to the next meeting. Action GC</p>
6.	<p>2014 – 2019 Strategic & Operational Planning Progress Update</p> <p>AO tabled the strategic and operational plan to the meeting for noting by the committee. It was also confirmed that this paper is available for the public to view on the website.</p> <p>It was confirmed that this is now a standing item for the agenda to provide an update to the committee each month. AO confirmed that there has been a further updated plan presented to the board since the last committee meeting. Also a draft plan has been submitted on the 14 February 2014. It was confirmed that contracts need to be signed by the 28th February. Following this an updated plan, including QIPP schemes should be submitted by the 7th March. The final 2 year plan and draft 5 year plan is due to NHS England by the 4th April 2014.</p> <p>Activity and Finance The CCGs Financial Plan demonstrates that the CCG is planning to achieve a 1% surplus over each year from 2014/15 to 2018/19. The plan has been developed using the agreed national planning assumptions and a number of local assumptions reflecting the forecast changes in population, technology and drug changes and the impact of the CCGs QIPP programme.</p> <p>In 2014/15 the CCG is planning a QIPP programme of £8.661m in order to achieve the required level of surplus. The plan has been developed by CCG Offices working closely with Lead Clinicians over a number months and has undergone robust challenge and risk assessment. The majority of the plan is being negotiated into the contracts. The QIPP plan for 2015/16 is £5.452m and includes the 10% reduction in running costs.</p> <p>QIPP Projects 2014/15 We need £8.7m for 2014/15, however to date we have identified £7.3m. There is some work to be done on mental health schemes, however, there have been few initiatives provided. Working is still on-going, but transformational schemes are being explored. AO confirmed that an update will be provided at the next QIPP meeting.</p> <p>AO tabled a proposed utilisation of reserves/non-recurrent headroom to the committee for information.</p> <p>Following discussion MA confirmed that Liz James will be bringing a paper to the board regarding EEAST.</p>
7.	<p>2014/15 Contracting Process Update</p> <p>AO provided a verbal update to the committee for the 2014/15 contracting process. It was confirmed that many of the items have been covered within previous agenda items.</p> <p>It was confirmed that 2 meetings will be taking place within the next week prior to the contract signing. AO informed that at the time of contract signings there will not be any</p>

	<p>QIPP savings identified, however this will be discussed in year.</p> <p>Mental Health – it was discussed that there have been frustrations expressed to the leading CCG for Mental Health.</p>
8.	<p>CCG Outcomes Framework Performance Update</p> <p>No papers were provided for the committee. GC to obtain the paper and distribute to the committee members. Action GC</p>
9.	<p>AOB</p> <p>Board paper – LB confirmed that a paper will be presented to the board regarding delegated accounts.</p> <p>Dates of future meetings: The proposed dates for forthcoming meetings were agreed with the current chair. GC to forward the dates to the committee members, as well as dates for paper submission. Action GC</p>
	<p>Date of the next meeting</p>
	<p>19 March 2014, 9am, Thames Room, Civic Offices</p>

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