

Finance & Performance
17 August
The Thames Room

Present:	Ms L Buckland (LB)	Deputy Chair
	Mr O Olarinde (AO)	Chief Finance Officer
	Dr N Raj (NR)	GP Board Member
	Dr A Deshpande (AD)	Chair of Thurrock CCG
	Mr M Tebbs (MT)	Director of Commissioning
	Ms F Otukoya (FO)	Head of Financial Management
In Attendance:	Ms Christine Celentano (CC)	Head of Business Support
	Mr P Clark (PC)	Transformation Lead for CHC
	Ms V Kankam (VK)	Primary Care Locality Manager
Apologies:	M Ansell	(Acting) Interim Accountable Officer
	Ms H Gallagher (HG)	Attain Representative

1.	<p>Welcome & Apologies</p> <p>LB welcomed all to the meeting. The apologies were noted above. LB explained that the start of this meeting was delayed due to severe traffic problems this morning, and the meeting convened at 10.30 with LB, AD, AO, FO and CC</p> <p>It has been agreed that since the former chair of the committee, the Secondary Care Consultant, that in the short term that the Deputy Chair will chair the meetings. Discussions will continue regarding strengthening the membership.</p> <p>LB asked if there were any declarations of interest that were not already on the register, there were none declared.</p>
2.	<p>Minutes of the meeting held on 21 July and Action Log</p> <p>The minutes were agreed as an accurate record.</p> <p>Action log – was reviewed and some actions were closed with others being carried forward to the next meeting. Details as per updated Action Log.</p> <p>See Appendix 1</p> <p>It was agreed that because of the late start to this meeting, and a few members having to leave on time, it was decided that the most important items which required committee approval would be discussed fully and other items not covered would be carried forward to the next meeting.</p>
3.	<p>Finance report</p> <p>FO gave a summary of the financial position at month 4. The year to date financial position for the CCG as at Month 4 (July) is £745k underspend against a budget of £68,243k. The</p>

	<p>forecast position is to deliver the surplus of £2,219k; which is an outturn of £204,264k against a budget of £206,483k.</p> <p>There are pressures across the Acute portfolio, and also within the CHC portfolio. There will be further details on the CHC portfolio under the relevant agenda item. Medicine Optimisation the latest report is a slight underspend, however it was highlighted that there might be an increase due to Category M drugs later in the year.</p>
4.	<p>Acute & QIPP update: This was summarised as per the report and details included in the outturn as discussed above.</p>
5.	<p>BCF</p>
	<p>AO gave a brief update and advised that the minutes of the ICE meeting are in the papers. Section 75 has been agreed with the Council and the CCG.LB asked if there would be any implication around governance.</p> <p>AO explained that we have approval from NHS E, however we were unable to sign until the plans were approved. The CCG has been paying the providers on behalf of the council and the BCF account will be reconciled once the council have approved the Section 75 at cabinet.</p> <p>ACTION AO report to board.</p>
6.	<p>AQP</p>
	<p>Apologies were received from Hayley Gallagher, Attain Representative, who should have been presenting the paper to the Committee.</p> <p>VK outlined the background, content and recommendations approved by the Task and Finish Group. 14 bids were received at the close of the AQP tender on the 6th June, indicating the increase in the number of bidders from previous procurement. No bids were received for the provision of Vasectomy services. Members of the committee were asked to review the outcome report and approved the recommendations to award any successful bidder and also pre-award bidders subject to minor policy changes. The request for policy review, would provide the CCG with the assurance that bidders policies include up to date legislations.</p> <p>AO queried whether this recommendation would be legally accepted as part of the procurement process. VK indicated that the process had been thoroughly discussed to ensure it was fair and transparent, furthermore the team have worked closely with the CCG Patient Safety and Quality Team to ensure the process was robust. Should the Board approve the recommendations, all bidders will be given an opportunity to review and return their policies within a given timescale. There was currently 1 successful bidder and the request was for 11 others to be pre-awarded subject to the final award.</p> <p>It was noted that although all bidders would be requested to review their policies, it is likely that some of them will still be unsuccessful with the process due to unsatisfactory responses received on the technical questions.</p> <p>AO raised concerns around why practices were still failing, even after the investments made into the Primary Care Team. VK indicated that a seven months' training programme was put in place last September and although most practices expressed an interest to participate, only a few fully engaged. It was also noted that twice as much applications were received, compared to the two previous procurements, and detailed responses were received on the technical questions during this round of procurement.</p> <p>The committee was asked to note the possible gaps in services from 1st October as 11 practices that had historically provided one or more of LES did not apply for bids. Practices may be</p>

	<p>subject to provide some of these services as part of patient care. A letter was sent out to practices in April advising them of the CCGs intentions regarding the process and termination of services after the 1st October 2016, (copy of letter attached for reference), as such no further communication will be going out. Primary care team have been looking for alternative providers but the financial incentive for providing the LES has not been attractive to external providers.</p> <p>LB indicated that due to the number of conflicted bidders on the Board, this paper will be presented to the Conflict of Interest Group for final approval.</p> <p>The Committee agreed to recommend the paper to the Conflict of Interests Group.</p>
7.	<p>Performance</p> <p>MT advised on this agenda item, there were no significant changes to report.</p>
8.	<p>Child & Adolescent Mental Health Services</p> <p>This was agreed by the Committee to carry forward to the September meeting</p> <p>NHS/111 out of hours no significant changes</p>
9.	<p>CHC – update</p> <p>PC mentioned that papers had also been tabled at the Quality & Patient Safety Committee for information.</p> <p>Briefing on Backdated Local Authority Claims PC tabled a paper which detailed that within 2016/17 the CCG had received communications from Thurrock Local Authority of their intention to recharge costs they incurred in 2015/16 though an administrative oversight saw no charges being made to the CCG. The paper detailed there were two separate claims: i) Elizabeth Gardens: Core Costs and ii) Joint Funded CHC Packages of care.</p> <p>The Committee agreed with PC that whilst there was limited cost exposure to the CCG, the decision it took may set precedence on future claims made by the Local Authority. AO outlined that CCG accounts are formally closed at the end of each financial year, common practice within Public Sector organisations, and therefore it the CCG could only agree to back-date funding to the 1st April 2016.</p> <p>Joint-Funded CHC Packages of Care This outlined that in 2015/16 Arden & GEM CSU, on behalf of the CCG, assessed a small number of patients being appropriate for a Joint Health & Social Care funded placements / packages of care (in line with established locally agreed protocol between Thurrock LA and Thurrock CCG). However no costs were supplied by Thurrock LA. The Local Authority have yet to supply the costs of the 5 packages involved they have sought clarification that these payments will be made in full from 2015.</p> <p>The Committee, agreed to support the part-funding of the retrospective claims made; with costs to be calculated from the 1st April 2016.</p> <p>Briefing on CHC Nursing Home Financial Challenges PC outlined the second paper for the Committee aimed to highlight the emerging financial challenges (national and local):</p> <p>The paper proposed that all four nursing homes were increased to the Thurrock LA rate of £614.82 per week to avoid nursing homes deregistering to solely become residential care homes. PC tabled a list of nursing home weekly rates paid by CCGs across Essex; this highlighted that failure to retain nursing homes within Thurrock CCG would potentially present an average further cost pressure of up to £200 per patient per week, due to the difference in rates.</p> <p>The Committee agreed with the proposed uplift on the condition that the uplift was part-year-effect; to commence from 1st September 2016.</p>

	<p>PC thanked the Committee for their support and provided a brief update on some of the measures being taken to improve governance and cost efficiencies by the CHC team.</p> <p>Papers with provider prices were collected at the end of this agenda item due to commercial sensitivity.</p>
10. BAF	<p>FO advised she had revised and updated the BAF with NM. There was an action to amend the wording relating to one of the CHC related risks; this has now been done.</p>
11. AOB	<p>AO took the committee through the Strengthening Finance Performance guidance from NHSE, and highlighted key elements.</p> <p>AO advised that he would bring a summary to present to the board.</p> <p>ACTION AO to present summary to advise CCG board.</p>
	<p>AOB</p> <p>AA joined the meeting. AA added some context around the Acute contracts, and brought attention to the CSU appendices which had further details.</p> <p>It was agreed that this report would remain on the agenda monthly.</p>
<p>Date of Next Meeting 21 September 2016</p>	
<p>Item 12 minutes of the previous F & P meeting was not discussed or approved C/F to the next meeting.</p>	