Working together for better health and care

NHS Thurrock Clinical Commissioning Group

Finance & Performance Committee
16th December 2015, 9.00am - 12.00pm
Civic Offices, Grays

Present:	Dr S Das (SD)	Chair of the Committee, Secondary Care Consultant
	Mr A Olarinde (AOlarinde)	Chief Finance Officer
	Ms M Ansell (MA)	(Acting) Interim Accountable Officer
	Dr A Deshpande (AD)	Chair of the Board
	Ms L Buckland (LB)	Lay Member, Deputy Chair of the Board & Deputy Chair of the Committee
	Dr Nimal-Raj (NR)	GP Board Member, Safeguarding Lead
	Ms F Otukoya (FOtukoya)	Head of Financial Management
	Mr A Ahad (AA)	Head of Financial Strategy
	Mr M Tebbs (MT)	Head of Integrated Commissioning
	Ms A Stokes (AS)	Deputy Business Manager, Minutes
In Attendance:	Ms J Foster-Taylor (JFT)	Chief Nurse
	Ms C Blair (CB)	Children's Commissioner
	Mr J Buschor (JB)	Head of Performance

1.	**Welcome & Apologies**
	SD welcomed all to the meeting. There were no apologies noted. SD asked if there were any declarations of interest that were not already on the register, and none were declared. The Committee were advised that FOtukoya would be joining the meeting shortly due to car breakdown. It was noted that the Committee were quorate for decision making.
2.	**Minutes of the meeting held on 18th November and Action Log**
	The Committee discussed the accuracy of the minutes and action log from the previous meeting and it was noted and agreed that these would need to be re-written before being shared with the Thurrock CCG Board members. **Action: AOlarinde's team to re-write.** SD advised that she would review the final draft for accuracy. The process for the review of draft minutes was discussed. *Action log* Please see attached Appendix 1. <u>Children's Services Section 75</u> MT updated the Committee regarding the presentation by the public health team, at the QIPP core meeting, regarding the recent Quality Impact Assessment of decommissioning certain services currently provided by the CCG.. There was discussion of the modelling on the health impact of decommissioning these services especially the Early Offer of Help. MT advised he was

	disappointed with the approach and the use of theoretical numbers by the public health team. Alternative were requested but no solutions were presented for affordable management of the Children's budget A presentation was advised to be due for Board decision but nothing had been updated to change the CCG's mind for decommissioning. LB advised she was disappointed in the presentation due to the confrontational style and threat of reputational risk to the CCG. MT also noted that the carers breaks is not mentioned that is jointly funded by the CCG. MA advised that the information would be challenged at Board for joint working etc. NR noted that the references were outdated and refer to 2007/08. MA expressed concern regarding cost shunting from the Council and advised that a health focused case would need to be made in the presentation to the Board. AOlarinde queried if CB would be in attendance. It was confirmed that she would be in attendance to refresh the Board regarding the decision process before the Public Health presentation. AOlarinde advised that the paper submitted had assumptions and generalisations of theoretical savings. <u>Arden GEM Continuing Healthcare</u> The Arden GEM transition was noted to be added to the agenda for the remainder of the year. NR expressed concern that the other CCGs have served notice on the contracts and Arden have now served notice on Thurrock CCG. The service was procured for efficiency previously and it was queried if we now have the expertise to have CHC in house. AOlarinde advised that the provision did not improve with the external provider so we could be in the same position / pressure if we procure again. The best solution is for in house services. Staff with the relevant expertise will be TUPEd in. <u>Finance & Performance Committee Terms of Reference</u> Quoracy is currently listed with one GP and the Committee requested for a review of the TORs by Nicola Meeks and to be discussed outside the meeting. SD suggested there may need to be three GPs for membership if two are needed for quoracy. AD advised of the need to be aware if a paper requires decision so there is time to discuss. **Action: Nicola Meeks to review.** NR advised the Chair and the Committee that he would need to leave the Committee meeting early to attend a Child Death Review meeting. It was confirmed that item 4 on the agenda was not for decision or agreement but information only. The Committee were advised that Item 9 on the agenda had been removed and rescheduled for January 2016.
3.	**Finance & Performance Month 8 Report**
	AOlarinde shared the Month 8 Report and noted that there was an error with the variance on the table shared on page 15 of the binder. It was requested to put a line through the table in the pack and for Committee members to refer to the new table page that was shared in the meeting. The report was reviewed as a financial result for the 8th month of the financial year. (*include new table in minutes). The Committee were advised that Thurrock CCG is on track for the expected surplus to be delivered. It was noted that the programme budget is separate from the running cost budget as there is a statutory duty not to exceed running costs. QIPP plan delivery was reviewed and noted as currently reporting £853k for 88% delivery and had been rated amber for compliance. The NHSE rag rating has a 95% target for a green rating. LB queried the percentage for a red rating and it was answered that it would be under 75%. AOlarinde advised that the costings have been worked out with a conservative view. The shortfall in QIPP delivery is covered by other areas of underspend and reserves. It was noted that there is no reserve for the delivery to deteriorate for remainder of year.

The Better Payments Practice Code target of total value and volume of valid invoices paid within the requested timeframe, with any under query not included, had been achieved. LB noted that the Finance team should be congratulated on this target.

Page 3 of the report noted the allocation changes identified. AOlarinde highlighted the bullet point for the CAMHs transformational funding and advised that new funding has to be ring-fenced and passed to the provider. This funding process was advised to be similar for eating disorders.

Page 4 showed an over-performance of £341k on Acute services budget for end of year, which was advised as actual numbers. Although a data lag was estimated, this would influence the forecast forward for the next year.

The total position was reviewed and noted that for this year the concerns are Prescribing and CHC as two key areas. It was noted that the Estuary contract is a risk shared with four CCGs and the patients that remain do not relate to Thurrock. The workstream now includes an aim to identify the responsible commissioners. AD queried if this is outside the mental health block contract. It was confirmed that it is and AOlarinde advised that there is a further breakdown of costs that can be made available.

Continuing care was discussed for adult and children. It was noted that a particularly expensive care package caused a spike in the data shown in the report. The CHC cost is rising gradually.

Page 19 of the report shows a breakdown of running costs. There are a number of vacancies in the Commissioning team which are in the process of recruitment. Vacancies were noted to be responsible for a large part of the current underspend.

It was noted that a Medicines Management deep dive was undertaken previously. Prescribing is over-performing (as per table on page 26) but it was queried within acute activity as to how much was attributed to NHS providers. AOlarinde advised that the finance team would add more commentary to the table to clarify the data shared. **Action AOlarinde**

It was advised that page 26 of the report showed a full year plan and full year forecast for Prescribing, as well as an indication of the year end potential overspend. It was suggested to triangulate this information and take it to the QIPP and CEG meetings for peer learning. The Committee were advised that the reserves and contingency will help offset the shortfall.

The Investment reserve includes any additional funding given that must be passed on to providers.

The non recurrent spend is 1% of the budget was held back at the beginning of the year. The non recurrent spend allocation will be fully spent by end of year and SEEDs was given as an example of this spend. An estimate was given of additional cost for IC24. It was noted that there would be an expected top slice from practices given to the CCG by NHSE. NR queried the number of Thurrock practices that had used SEEDS.

AOlarinde noted the summary appendix shared on page 27 of the report. It was advised that the allocation and changes since the beginning of the year were shown.

MA queried where in the running costs it was shown the budget for one year of the Primary Care team. AOlarinde advised that this budget was not shown as an allocation. The CCG get “income” by invoicing NHSE. It was confirmed that the funding for the Primary Care team had been agreed for 12 months and would be fully spent. There is income that would then equal the spend so would amount to zero and would not be part of the mainstream allocation. It was advised that AOlarinde would need to produce a budget statement from the ledger for the Primary Care team funding. NR commented that the team are currently on secondment or currently fixed term appointments. There will be planning for next year if there is a significant impact from the team

and any opportunity to continue funding etc. The Committee discussed that the Primary Care team would be reviewed to confirm if it is a priority to fund or if there would be more allocations from NHSE etc. MA had asked NHSE what resource would be available in future and it was advised as 1.8 days of a band 8a.

NR commented on the Medicines Management over-performance and the group discussed issues and possible areas for review, including lack of data and strategy. The workstream is not as robust as of yet due to over-performance. AOlarinde advised that there is a plan in place for a deep dive in Medicines Management. The allocation is from a global budget set by practice matrix and expenditure is compared to the budget. The current activity has been compared to last year. There will be a workplan shared at the next meeting to identify if it is same issues across practices.

MSK and Children's' services were shared as concerns by NR and AOlarinde advised that there are plans for place for these gaps.

LB queried the small amount of money allocated for specialist wheelchairs. AOlarinde advised that the allocation is set by NHSE and the funding that is currently received has not been clarified to explain exactly what it is for. The challenge in south Essex is that there is no clear definition of what constitutes "specialist". The allocation will possibly be given to NELFT for the wheelchair services responsibility within their contract. It was advised that there was a top slice from CCGs given to NHSE for specialist services and AOlarinde noted that he is awaiting further clarity.

SD queried the data on page 18 of the report as the Acute year to date figure and the forecast show different numbers in the summary below. Page 26 also has the same figures so does not match with the table on page 18. AA advised that the summary relates to detail for Acute providers. AOlarinde confirmed that the other figure is all main Acute data and noted that this would be clarified in the report. The two figures were total acute activity (includes NCA etc.) and main acute providers total.

With respect to critical care costs, there has been an audit undertaken by the CCG's quality team and the information will be shared with the hospital. The audit looked at the definition of critical care. SD asked if the issues have been identified. AOlarinde advised that an advanced copy of the report concludes that only one case meets the criteria. The report has not formally been issued yet. BTUH have already disagreed with how the audit was conducted.

The daycase activity on page 18 of the report was reviewed and AA advised the Committee that the information would be discussed at the Technical group meeting. There is a reconciliation issue due to the question of if it is critical care in the first instance.

AA advised that Committee that that there is an overspend for Direct Access Radiology, which needs data and analysis as one is bundled and the second is GP direct referral. The spend is increasing. It was advised that this would be reviewed once the data had been obtained as it is not available on SUS.

AA advised the Committee of one pressure point of the Barts contract regarding issues with their data. This data is being analysed and is an issue across Essex as it has been queried if the spend is specialist. Barts are not applying the algorithm correctly and have started charging for items for points of delivery across the board. Barts have charged Thurrock CCG £100,000 for fertility services but these services are not commissioned from them. AOlarinde has been seeking assurance regarding the potential risk involved but noted there are similar issues for all CCGs. The Committee were advised that the last two years accounts have not been paid in full as the CCG are disputing the charges.

SD queried the potential risk as it was not reflected in the report. AOlarinde advised that the team are waiting for more clarification and have planned a deep dive before signalling to NHSE.

SD suggested a table of all Acute providers be included in the report. **Action AOlarinde**

AA advised that the CCG are challenging Barts for last year's account and may have a return.

LB queried if the Barts contract had been signed. The Committee were advised that the contract had not been signed for the second year. LB asked if IFR would be responsibility of the CCG in future and if funding had been set aside. Quarterly reports were requested from the hosted services as some have a high spend. AOlarinde advised that the current case load and financial impact are being monitored but there is no warning currently. **Action AOlarinde**

AA advised that he would be discussing Septicaemia and Non elective services with BTUH, which may feed into critical care.

Break 10.35am – 10.45am. NR left the meeting.

4. Mental Health Update – Including IAPT

MT shared an update regarding the SEPT continence service and pads. It was advised that a QIPP paper would be available for the January 2016 meeting.

The main SEPT contracting negotiations are addressing the risk share between the CCGs. MT advised that Thurrock CCG will be likely to gain from the current risk share and meetings are due to be organised for the management of the transition.

MT updated regarding CQUIN work and tariffs. MT advised that Monitor had made the suggestion to not have block contracts next year, but rather a scope of choice with a focus on the quality of pathways for redefining etc.

CPR CCG lead on the SEPT contract and Thurrock CCG has been pushing forward the transformation agenda. Changes in bed base have been anticipated and this has added important clinical focus of transformation work. MT advised that and Executive to Executive meeting was suggested in January 2016.

MT shared a reminder that an Essex wide Mental Health review had been planned for next week to address two recommendations;

• Commissioners to meet more often for joined up work.
• Trusts need to merge.

MT advised that there would be an extraordinary Board meeting today to address these issues.

The key highlights from the paper were shared;

• IAPT performing below target and the CCG would be holding SEPT to account. (Triple SFT approach)
• The mobilisation plan was noted to be on track.
• Crisis Care Concord Act - Public health aspect with suicide prevention.
• RAID currently funded jointly, although BBCCG will no longer be funding. MT noted the need to discuss the bottom line position for whose responsibility it would be to fund RAID and encourage BBCCG to take a pragmatic perspective of the needs of patients.
• Progression of Learning Disability perspective negotiations regarding two Winterbourne patients as the clarified position would be suggested for finalisation at the 117 panel. The CCG have to pass through existing costs but the Local Authority have to take responsibility for social care aspects.

MT advised that there would be a Learning Disability general context requirement for the Transforming Care Board. The Commissioning team are developing a business case for the

	Learning Disability health services. There has been a QIPP update and there are gaps in the service locally. MT advised that the service is not available for commissioning on a local basis in Thurrock as there is a need for a footprint of 1 million patients. Dementia diagnosis rates are currently at 65% rather than the 67% target and Dr Mohile is working with Jane Itangata to improve this. MA will present the Essex Success Regime (ESR) at Board for reducing complexity of contracting. Mental Health and Community contracts have been suggested for simplification. There is a discrepancy with the Success Regime and the current Mental Health discussions. There will be planning guidance shared soon, then the Success Regime may contradict the guidance. SD asked for clarification on the Winterbourne dowry payment. MT advised that guidance directed that the funds should follow the patient to the Local Authority. The requirement would be the community package cost not the full Local Authority cost. The majority of care needed is a social care requirement. LB confirmed that Roger Harris had been challenged at the Board regarding this discrepancy and the resulting delay. MT noted that the guidance is clear and the Local Authority are disputing the interpretation. MA suggested that the Learning Disability strategy must include NHSE for information.
5.	**Community Services Update**
	MT advised that he had met with Brid Johnson, NELFT regarding the Community services and Brid Johnson had requested an Executive to Executive meeting for discussion of the transition. The NELFT contract perspective was reviewed and MT commented that the CSU have stepped up support and are more visible in the workstreams. The difficulty identified in the paper is regarding the on-going misalignments with BBCCG. BBCCG have served notice on the NELFT contract. MT suggested that there is will be discussion of the different cultures of the two organisations. The Thurrock CCG relationship with NELFT is good and as well as the management of the contract. Thurrock CCG differ from BBCCG and a discussion service line by service line and possible speed up of splitting services is needed. MT noted that early supported discharge should not be affected. Dietetics services received a full discussion at the QIPP core meeting and there was an action for queries to be raised. NR met with Judith Harding and recommend changes to specification go ahead as per paper that was submitted. MT asked if the proposed changes would need to be shared with the Board and it was confirmed. LB met with Audit chair of BBCCG regarding poor joint working and the lack of collaboration. SD queried if early supported discharge was a cost pressure. MT and AOlarinde advised that it had been added by Thurrock CCG and would be non recurrent. AD asked for MT to meet with BBCCG as they may want a different specification of the same service that Thurrock CCG are procuring. MT advised that the CSU are showing a list of services that will be split, joint, etc. It was queried if BBCCF are giving enough notice to Thurrock CCG to pull out of services or separate KPIs / service specs etc. AOlarinde clarified the last paragraph on page 49 for the Committee regarding SLP. It is understood that the SLP is currently in place across Essex for three other CCGs and it was asked if BBCCG would be undertaking one. MT suggested a united economy. LB queried if we are assured as a CCG. MA noted that the detail would be taken to the Accountable Officers for all CCGs and coming out of the ESR. The Committee were advised that Mid Essex have

	decommissioned. MT discussed the difficulty if there was an action that Thurrock CCG disagreed with i.e. decommissioning physiotherapy as would it would align us to the most extreme position. MA advised that there would have to be a core offer as extensive consultation with the public would be necessary to complete. AOlarinde clarified that the total on page 26 of the report regarding the Continence contract in Community services (Community Health) should be noted as the SEPT element for Continence and other small services which account for Community Health.
6.	**CAMHS Update**
	CB shared an update on the new CAMHs service for Emotion Health & Wellbeing which is still going through restructuring. It was noted that a referral booklet has gone out. CB advised that section 3 has been fully assured by NHSE and there will be a delivery group. Appendix 2 was noted as the latest transformation plan assured by NHSE. The Committee were advised that section 5 highlighted radio for young people as the resource will help test the impact of the new service and feedback voice of the child. CB shared the plan for four campaigns a year addressing mental health. Since the paper was prepared, the risk for the service has been from the transfer of the CAMHs from SEPT to NELFT for children aged 5-12 years old. CB updated the Committee regarding a complex case of a Thurrock child on the Learning Disability pathway at 16 years old. There is no current plan to raise the age restriction on the service provision. CB noted that there is only one case at the moment but will keep the Committee updated. It was also noted that children can only access the Learning Disability pathway if comorbid. AOlarinde queried the lack of service provision for 13-18 year olds. CB advised that the Commissioning team are looking at spot purchasing for any Thurrock children in this gap and ensuring the child is managed through local services where possible. The current complex learning disability patient is receiving a specific plan. LB asked how many children on the pathway are due to go over the age of 12. CB agreed to investigate the figures. AOlarinde queried what other commissioners have done. CB advised she was highlighting the risk for reconsideration of the decision not to extend the service provision ages. FOtukoya asked why the risk was not noted during procurement. CB confirmed that it was highlighted. AOlarinde suggested that if the pressure was a difficulty across all 7 CCGs, a joint discussion could be held. MA suggested scoping the issue and taking as an item to the Accountable Officers meeting. **Action CB and MA** MT advised that a Learning Disabilities transforming care work gap ?group had been developed through the decision for Children's and Adult Learning Disability exclusion of this age group. LB suggested taking the information to the CRG meeting to engage the public as the group has previously focused on elderly patients. CB agreed to attend and also share details around Represent.
7.	**2016/17 Planning Update**
	AOlarinde advised that NHSE have asked for IT and Estates strategies to be completed. The IT strategy has been requested across CCGs. It was noted that the expectation was for the

Estates strategy to be submitted this week. There has been a bid for funds and the Sweet group are supporting the Estates strategy workstream. It was noted that Community Health Partnerships is also helping and Rahul Chaudhari is coordinating the work. There will be a fact finding mission for what is available in the area and to put together a draft of what it could look like. The Committee were advised of the need to understand the local context. Early draft shell to be provided for NHSE as an outline by Friday and formal submission in March 2016.

The Primary Care Development group has an initial focus to plan for the Primary Care estate to support the Primary Care agenda. It was advised that the Estates Strategy Workshop outlined the details and LB noted that NHSE did not attend the workstream.

The Committee were advised that the template was being populated with local context with items to be input and updated i.e. the regeneration in Tilbury. It was noted that the hubs are already in place and a decision has been made to have branding for the hubs.

AOlarinde advised regarding the potential savings but these may not be available as we do not have capital budgets and we do not own property. Providers are looking to the CCG to give secure commitment for them to operate from these new premises and there may be a need to give the Local Authority some guarantees. LB asked how this would be monitored by the auditors. AOlarinde discussed the property voids within the current allocation. MA advised that the potential rent would be advised, although Providers would not agree to pay rent if have their own buildings.

Financial
MA and RC met with NHSE regarding Primary Care. It was noted that the support from Kerry Harding had been good. There was concern regarding access and opening hours etc. and MA advised that the issues highlighted would be part of a service specification rather than the Primary Care team's responsibility.

MT commented on the official position from BTUH regarding the Orsett site as they want to pull out. AOlarinde advised that if the intention is formally confirmed, it will not go in the submission for Friday but may be built in later.

MA advised that other CCGs want this to be deferred. National context is to inform the decision and will need Public Health input etc. with key drivers and challenges, as well as clinical vision. There will also be gap analysis.

The template is to be fully reviewed with the Committee for each workstream to be completed for localities. MA advised that the template will have to be taken to the HOSC so will need to be completed for February 2016. SD advised that this would be added to the February Finance and Performance agenda.

The IT strategy will have a focus of Primary Care IT and will be shared at the January 2016 Finance & Performance Committee, then the Board meeting. ICT colleagues have supported the completion of this strategy with elements of the 5 year plan. It was advised that national context has been included as well as a map of an overview of the local health economy and what we have currently as ICT objectives.

Clinical systems are in place for making the objectives happen. Primary Care strategy to compare what is currently happening within the patch to show progress and advise next steps for future intentions. Financial context will need hard numbers. Funding is due to be reduced for GP IT year on year and will no longer be a non recurrent allocation. There is no specific deadline from NHSE for the strategy but the team are looking to complete by February due to governance.

The Committee discussed the Comprehensive Spending Review and the additional funding to the NHS. CCGs will get information to add to the 5 year plan. Allocations are due to be published

	next year and CCGs had been asked to plan for a deflator but it will no longer be a deflator. PBR will be potentially a 1% increase minimum. The discussion included the Transformation, QIPP, Success Regime and provider debt and it was asked what level of true increase would be received and what responsibility would the CCG have to pick up. MA noted that a monthly update on ESR would be needed. LB suggested that end of year audit meetings would need to be planned.
8.	**CHC update**
	JFT shared an update with the Committee regarding the development of an in-house CHC service. It was noted that a draft of the plan would be taken to the Remuneration Committee. JFT is currently working through the PMO project with Gavin Mackenzie and a version 5 of what the team will look like has been completed. JFT advised that she was anxious regarding governance due to being a small CCG. It was advised that it could be a cost pressure due to the governance of certain roles being put in place. LB noted that assurance would be needed that Thurrock CCG are in control of the transformation of services. It was also suggested that there will be more opportunity to have control of expenditure if we the service is in house. Those CCGs that have stopped using CSUs have saved but Thurrock CCG still foresee pressure. SD suggested possible unforeseen positives for the service provision to become Thurrock based after Arden GEM served notice. JFT advised that the end of March 2016 staff would be TUPEd. January 2016 had been agreed for the remaining roles to be put out for advert. Other CCGs have managed the risk whilst filling posts. Short term difficulty was noted to be expected in covering the posts because of the speciality of the workstreams but can be mitigated with TUPEd speciality staff. JFT advised that there is a chance that staff may go to another CCG and advised that if Thurrock CCG lose out, there will be difficulties. The Committee were advised that it currently looks like the staff are happy to move here en masse. JFT noted there would be regular updates to the end of financial year. **Action: CHC update to be added to the monthly agenda.**
9.	**Mental Health Placements Assessments Proposal**
	The Mental Health Placements Assessments Proposal was cancelled from the agenda and agreed to be reviewed in January 2016.
10.	**Performance Update**
	JB shared a summary of the Performance update and advised that there was one new MRSA bacteraemia attributed to Thurrock for October 2015. C.diff is ahead of trajectory for BTUH but not for Thurrock CCG. It was advised that Safer Staffing details would be available soon. The Cancer waits for October were reviewed. It was noted that the Trust had achieved the November target and it was advised that Thurrock CCG should also achieve the November target. 62 day screening was discussed and JB advised that if there is any slippage, there may be a knock on effect for BTUH. The IAPT trajectory had a noted jump in performance. AOlarinde highlighted the same sex accommodation breach and queried if it is the same as the previous month. JB advised same sex accommodation breaches had been at D&G, Barts and BHRT across the previous months.

	Action: JB to facilitate a response for the next meeting. The NHS 111 data updates were shared, with one little blip noted. JB advised that he could check this information with CPR for learning. It was noted that the recovery rate should be improving from January 2016. The Dementia targets for November 2015 data are currently only 8 patients short of reaching the 67% target so hopefully can be achieved. The highlight report was shared for actions undertaken and RTT joint message. SD queried the number of cancelled operations at BTUH. It was confirmed that there were none. JB advised of the 52 weeks breaches, there was previously one and there is now zero as per the data. SD commented on rows 45, 46 and 47 regarding A&E and queried how it could be an overall rating of green if the other two rows are rated red. JB suggested a breakdown of figures be shared for clarification of the green rating. **Action JB**
11.	**Risks/BAF**
	AOlarinde advised that the following items discussed would be added to the BAF; • CAMHS services for 12-18 year olds. • Joint commissioning of the NELFT contract where BBCCG are pulling out of services. • Regular financial reporting for both CHC and Prescribing. • Barts issues – Acute cost management. • Arden GEM CHC transition to in-house services for Thurrock CCG. MA advised that the Management Capacity issue of Primary Care would also be a risk for Thurrock CCG. SD suggested ESR as a risk and MA confirmed that it would be due to the capacity that would be taken in future for MA and MT. **Action AOlarinde**
12.	**AOB**
	• Finance assurance review update - FOtukoya to share letter outside the meeting which was very positive about the Thurrock CCG performance. • FOtukoya advised the Committee that Month 9 would be a “hard close” for accounts and audit purposes and this would have an impact of the final hard close for end of year. MA asked for the slides to be circulated to the Committee. • AOlarinde updated that he had met with the external auditors to discuss the value for money within commissioning decisions. • The Annual accounts timetable was discussed and a draft account submission was noted to be due by the 23rd of each month, with final submission on the 27th May. It was suggested there may be need for an extraordinary Finance & Performance Committee meeting for the final audited accounts before submission in May 2016. LB asked for the timetable to be shared as soon as possible. • SD suggested the meeting times be extended in future until 12.30pm. ***The Committee agreed.***
Date of Next Meeting	
20th January 2016, 9.00am - 12.00pm, The Thames Room, Civic Offices, Grays	