

Finance and Performance Committee

Meeting: The Committee met on 23 July 2020 and 27 August 2020, meetings were quorate in accordance with 'lean' arrangements

Overview of business – including summary of key issues for Board

23 July 2020

The following items of business were discussed:

- Received and reviewed the 2020/21 Financial Report for the period ending 30 June 2020:
 - At month 3 reporting £7.4m adverse of the plan set by NHS England (NHSE) before an outstanding reimbursement from NHSE for Covid-19 related expenditure of £2.9m. Once this additional allocation is received the CCG will have a year to date overspend of £4.5m. This still leaves an underlying overspend which will project through to month 4 position of approximately £9.5m. That is made of a number of components a large element which related to prescribing expenditure which we were expecting to be identified as Covid-19 expenditure but NHSE have specifically asked for this to be removed and recorded within business as usual position. It was highlighted that there has been a substantial increase from last year into this in the numbers of items prescribed and prices. Last month's data indicates that this has started to abate but this is still a substantial overspend of circa £3m. There are a range of other elements for example Funded Nursing Care back pay, an underlying shortfall in the CCGs allocation as calculated by NHSE which is still only a 4 month allocation. Currently NHSE have not yet released details of how the finance regime will be managed after the first four months of the year. It is anticipated that the framework we are working under will continue into month 5 and potentially into month 6 and then may change from a retrospective regime to a potential estimate of what should be spending, which will give further challenges.
 - Still indicating an overspend position that is formally not funded by NHSE and continue to challenge as to when that funding will be forthcoming; this is the same position for CCGs nationally. The intention still remains that all providers and commissioners should break even this year through the funding framework that NHSE have created.
- Received and provided comment on the Performance Oversight Report detailing overall performance for West Hampshire CCG and its main NHS providers, noting that there has been a clear deterioration against a number of key performance indicators as a result of services being reduced during the first phase of the COVID-19 pandemic. Key areas of concern highlighted are as follows:
 - There are ongoing concerns regarding CAMHS performance as it is again reporting below contractual levels. A reduction in referrals has been seen however there has not been a reduction in waiting times because of reduced capacity. The service has increased their digital offer however there is still a substantial backlog awaiting treatment. Work is now in train to understand how the service is currently triaging waiting lists to ensure it is proactive and not dependent on service users / their families calling back and asking to be re-triaged. the CAMHS commissioning team to provide granular detail and confirm within the next week the baseline position for 2020-21 and activity trajectories including any requirements around additional investment, if there are any, for review prior to presenting proposal to address the ongoing activity backlog to the August Board briefing

- Restoration and recovery of services continues. ED attendances are back to broadly pre-Covid levels and there are increases in other areas however, there are some areas where activity has not come back to previous levels. ED 4 hour performance is good although there has been a dip at HHFT in last week or so. It was explained that HHFT ED, performance particularly around BNHH has been challenged for around 2 weeks due to various factors including equipment failure. NHSE are aware of situation and are monitoring. It was reflected that we should not underestimate the complexities of managing hot and cold sites and performance being attained and maintained, but need to acknowledge there is a risk going into the winter. Dialogue has been opened with Region regarding how we progress the recovery and provide support.
- Total waiting lists have reduced substantially but this is due to lower activity levels and referrals. There is a substantial increase in long waiters for example over 52 week waiters are up to 700 in both main providers and by end of the year forecast to be significantly higher.
- Elective activity is up to 55% of normal levels and there are trajectories for increasing activity but these do not get us back to pre-Covid levels.
- Received a Wheelchair Services Briefing that covered:
 - Current service provision (caseload profile, activity & performance)
 - Impact of Covid19 upon service delivery
 - Improvement/mobilisation priorities for the remainder of the financial year
 - Future service provision overview, including for example patient journeys
- Received a copy of a letter received from Amanda Pritchard, Chief Operating Officer, NHS England/Improvement dated 6 July 2020 around the stepping up of key reporting and management functions. There is a focus/emphasis around:
 - Governance and meetings
 - Performance management, reporting and assurance
 - Supporting members of staff who are particularly vulnerable, including those who are shielded, BAME backgrounds and those with other risk factors
 - Ensuring staff take annual leave.
- Advised that a Personal Health Budget (PHB) Policy is in development and will be presented at the next Committee meeting for approval. The policy outlines the principles supporting implementation of PHBs by balancing choice, risk, rights and responsibilities. It recognises that, in the right circumstances, risk can be managed to promote a culture of choice and independence which encourage responsible, supported decision making. This policy covers all PHBs issued by CCGs within Hampshire (and Isle of Wight for Children's Continuing Care) but the production of the policy is being led by the Adults NHS Continuing Healthcare (CHC) and Placements team.

27 August 2020

The following items of business were discussed:

- Received and reviewed the 2020/21 Financial Report for the period ending 31 July 2020:
 - We have only had funding confirmed for the first 3 months of the year which includes both Covid and non-Covid forecast overspend.
 - The financial forecast is for providers and commissioners to break even for the year but recognising that we have still only got allocation/budgets confirmed for only part of the year and we are still awaiting confirmation for the remainder of the year.
 - For last couple of months there has been an accumulated overspend of £8m, three quarters of this is related to Covid expenditure which has yet to be funded by NHSE and the rest is associated with 'usual areas' of overspend which we have well-rehearsed in previous months.
 - The only key change is that we have seen prescribing information return to a more normal level after a surge in expenditure through Covid, both in terms of increase in

number of items, and in cost/price due to a higher level of medicines not available in their normal quantities.

- Received and provided comment on the Performance Oversight Report detailing overall performance for West Hampshire CCG and its main NHS providers. Key areas of concern highlighted are as follows:
 - Performance is intrinsically linked into Recovery & Restoration plans and overall view at Integrated Care System level. Within CCGs you will see that we have had pretty good performance around 4 hour ED performance but this is now coming under challenge particularly at HHFT but at PHT as well with attendances at or above previous year's levels. Primary care attendances have increased substantially as well and we are starting to see a continuing rise in ambulance demand.
 - Whole urgent care piece is currently now under pressure and this is before we head into winter. A key area of concern is around waiting lists in terms of the number of patients waiting lengthy periods for planned care.
 - Diagnostic performance again has dropped considerably and is an area of considerable concern both for performance and recovery.
 - CAMHS and wheelchair performance is still poor and are areas of continuing focus.
 - Despite challenges through Covid cancer performance is holding up pretty well, however there are still challenges around the 62 day target
- Received a copy of the letter received from Simon Stevens, NHS Chief Executive and Amanda Pritchard, Chief Operating Officer, NHSE/I dated 31 July 2020 around the third phase of NHS response to Covid-19. The third phase of the NHS response to Covid-19 is effective from 1 August 2020. The letter:
 - Provides an update on the latest Covid national alert level.
 - Sets out priorities for the rest of 2020/21.
 - Outlines financial arrangements heading into autumn as agreed with Government.
- Approved the Personal Health Budgets Policy .

There were no new items identified which required escalation to the Board.

Key reference documents

- Minutes of the meetings (attached)

Papers are accessible on Board Packs and are available on request.

Date of next meeting: 22 October 2020

Minutes

Finance and Performance Lean Committee

Minutes of the Finance and Performance Committee Virtual meeting held on Thursday 23 July 2020 from 09.00am to 10.15am

Present:	Alison Rogers	Lay Member Strategy and Finance (Chair)
	Charlie Besley	Locality Clinical Director Totton and Waterside
	Ruth Colburn-Jackson	Managing Director: North and Mid Hampshire
	Mike Fulford	Chief Operating Officer and Chief Finance Officer
	Simon Garlick	Lay Member Governance/Audit
	Judy Gillow	Lay Member Quality
	Karl Graham	Locality Clinical Director / Board GP
	Adrian Higgins	Medical Director
	Rory Honney	Locality Clinical Director / Board GP
	Rachael King	Commissioning Director: South West
	Lorne McEwan	Locality Clinical Director / Board GP
	Matthew Richardson	Deputy Director of Quality and Nursing (deputising for Ellen McNicholas)
	Sarah Schofield	Clinical Chairman
	Andrew Short	Deputy Chief Finance Officer, Financial Accounting and Reporting
	Caroline Ward	Lay Member New Technologies and Digital
	Stuart Ward	Locality Clinical Director / Board GP
In Attendance:	Ian Corless	Board Secretary/Head of Business Services
	Terry Renshaw	Governance Manager (Minutes)
	Jackie Zabiela	Governance Manager
Apologies:	Jenny Erwin	Director of Mental Health Transformation and Delivery
	Johnny Lyon-Maris	Locality Clinical Director / Board GP
	Maggie Maclsaac	Accountable Officer
	Ellen McNicholas	Director of Quality and Nursing
	Jim Smallwood	Secondary Care Consultant

Summary of Actions:

Minute Ref:	Action	Who	By
5.2	Finance Report : Increase in GP Prescribing – Neil Hardy to be asked to prepare a briefing report for circulation post meeting.	NH/(TR)	31.07.20 (Complete)
6.2.2	Wheelchair Services – Post meeting note/update required for next meeting on: <ul style="list-style-type: none"> • Number of clients who have declined an appointment. • If there is any national benchmarking in terms of declined appointments. 	MF/JE	ASAP or to 27.08.20 meeting
7.3	Personal Health Budgets – Produce (in support of Policy) for August Committee meeting a short summary of the guidance regarding the key issues and points to particularly note/will impact. Suggested that this will also be helpful for patients and family.	(EM)/(CR)	24.08.20

1.	<u>WELCOME, APOLOGIES AND CONFIRMATION OF QUORACY</u>
1.1	Alison Rogers welcomed members present to the virtual lean meeting of the NHS West Hampshire Clinical Commissioning Group (West Hampshire CCG) Finance and Performance Committee and noted apologies for absence.
1.2	It was confirmed that the meeting was quorate.
2.	<u>DECLARATIONS OF INTEREST (FPC20/048)</u>
2.1	Alison Rogers directed members to the Declaration of Interest Register.
2.2	Attention was drawn to the fact that should a conflict arise at any point during the meeting members will need to declare this fact.
2.3	AGREED The West Hampshire CCG Finance and Performance Committee: <ul style="list-style-type: none"> • Received and noted the Register of Interests.
3.	<u>MINUTES OF THE PREVIOUS MEETING (FPC20/049)</u>
3.1	The Finance and Performance Committee received the draft minutes of the meeting held on the 25 June 2020.
3.2	AGREED The West Hampshire Finance and Performance Committee: <ul style="list-style-type: none"> • Approved the minutes of the meeting held on the 25 June 2020 with no matters arising.
4.	<u>ACTION TRACKER (FPC20/050)</u>
4.1	Alison Rogers introduced paper FPC19/050. The following updates to the action tracker were provided:

	<p>1. <u>FPC19/006b) Savings Programme: Add resourcing the scale/challenge around the change programme and pressures driving the system onto the action tracker</u> – It was reported that this has been added to the action tracker rather than the risk register. Alison Rogers commented that it is important not always to imply/reference that a system solution is the answer to everything and that we need to keep our eye on the ball locally. Alison Rogers reminded the Committee that this is not a true action, but an AIDE MEMOIRE. This will be addressed as we move to system working.</p>
	<p>2. <u>FPC19/014a Performance Report CAMHS : Provide Committee with an update on national benchmarking performance</u> – It was highlighted that when you look at the data within Hampshire and the Isle of Wight we rate low in terms of funding per head of the population. Granular detail is awaited around clear trajectories for investment and improvements.</p>
	<p>3. <u>FPC20/002d) Performance Report : Wheelchairs Clinical Governance Committee to revisit deep dive into clinical triage process</u> – It was reported that the deep dive will not be undertaken until after Covid however wheelchairs features as a regular agenda item at Clinical Governance Committee with updates from the quality team. It was stated that this is a performance issue and should not be closed at this point as performance is still poor and needs monitoring. Clarification was sought as to what is the formal action on the tracker as this will continue to be monitored as ‘business as usual’. It was agreed that this should remain on the action tracker as an aide memoire to pick up again as a performance issue when we emerge from Covid. AIDE MEMOIRE</p>
	<p>4. <u>FPC20/003 Performance Oversight Report : Wheelchair briefing paper on wheelchair commissioning including volumes and percentages</u> – Agenda Item 6.2 paper FPC20/053. Action complete. Closed.</p>
4.2	<p>AGREED</p> <p>The West Hampshire Finance and Performance Committee:</p> <ul style="list-style-type: none"> • Received the updates from the action tracker. • Agreed that one action is complete and can now be closed.
5.	<p><u>FINANCE</u></p>
	<p><u>Financial Position 2020/21 – Month 3 (FPC20/051)</u></p>
5.1	<p>In addition to the information provided within paper FPC20/051 circulated for the meeting Mike Fulford drew attention to the following points:</p> <ul style="list-style-type: none"> • At month 3 reporting £7.4m adverse of the plan set by NHS England (NHSE) before an outstanding reimbursement from NHSE for Covid-19 related expenditure of £2.9m. Once this additional allocation is received the CCG will have a year to date overspend of £4.5m. This still leaves an underlying overspend which will project through to month 4 position of approximately £9.5m. That is made of a number of components a large element which related to prescribing expenditure which we were expecting to be identified as Covid-19 expenditure but NHSE have specifically asked for this to be removed and recorded within business as usual position. It was highlighted that there has been a substantial increase from last year into this in the numbers of items prescribed and prices. Last month’s data indicates that this has started to abate but this is still a substantial overspend of circa £3m. There are a range of other elements for example Funded Nursing Care back pay, an underlying shortfall in the CCGs allocation as calculated by NHSE which is still only a 4 month

	<p>allocation. Currently NHSE have not yet released details of how the finance regime will be managed after the first four months of the year. It is anticipated that the framework we are working under will continue into month 5 and potentially into month 6 and then may change from a retrospective regime to a potential estimate of what should be spending, which will give further challenges.</p> <ul style="list-style-type: none"> • Still indicating an overspend position that is formally not funded by NHSE and continue to challenge as to when that funding will be forthcoming; this is the same position for CCGs nationally. The intention still remains that all providers and commissioners should break even this year through the funding framework that NHSE have created.
5.2	<p>As a result of discussion:</p> <ul style="list-style-type: none"> • Mike was asked how comfortable are you that we will get the reimbursement. It was responded that NHSE are surprised regarding how big some of the numbers are and are in discussion with the Treasury around how this can be funded. The question is what else is there we could do since 90% or more is tied up in block contract arrangements, which leaves little room to manoeuvre. • More detail was requested on the increase in GP prescribing. It was explained that there has been just under an 8% increase in GP prescribing. Detail is not to hand to respond fully to this question in the meeting but it was reflected that things like hospital prescribing is way down so there has been a transfer from acute and community settings, but this is not the whole answer. It is also known there was some stockpiling at the beginning of Covid and some people have been very 'cautious' regarding the amount of drugs they are requesting as well. In terms of the price a lot is where we as a NHS have negotiated some generic drug savings however unfortunately those generic drugs have not been available and so have been prescribing alternatives at a higher cost, so cost is up by 14%. It was reflected that this is a combination of no stock currently available which is running higher than usual and the prescribing of alternative drugs for example Direct Acting Anti-Coagulants (DOACS) instead of Warfarin. It was agreed that Neil Hardy will be asked to produce a briefing report for circulation post meeting. (Post meeting note: Action complete. Circulated 30 July 2020). <p>ACTION: Neil Hardy</p>
5.3	<p>AGREED</p> <p>The West Hampshire Clinical Commissioning Group Finance and Performance Committee:</p> <ul style="list-style-type: none"> • Received and reviewed the update on the risks in relation to the West Hampshire CCG financial position 2020/21 and the report on the Month 3 financial position. • Agreed the action outlined at paragraph 5.2.
6.	<u>PERFORMANCE REPORTING</u>
6.1	<u>Performance Oversight Report (FPC20/052)</u>
6.1.1	<p>In addition to the information provided within paper FPC20/052 circulated for the meeting Mike Fulford drew attention to the following points:</p> <ul style="list-style-type: none"> • Restoration and recovery of services continues. ED attendances are back to broadly pre-Covid levels and there are increases in other areas however, there are some areas where activity has not come back to previous levels. ED 4 hour performance is good although there has been a dip at HHFT in last week or so. It was explained that HHFT ED, performance particularly around BNHH has been challenged for around 2 weeks due to various factors including equipment failure. NHSE are aware

	<p>of situation and are monitoring. It was reflected that we should not underestimate the complexities of managing hot and cold sites and performance being attained and maintained, but need to acknowledge there is a risk going into the winter. Dialogue has been opened with Region regarding how we progress the recovery and provide support.</p> <ul style="list-style-type: none"> • Total waiting lists have reduced substantially but this is due to lower activity levels and referrals. There is a substantial increase in long waiters for example over 52 week waiters are up to 700 in both main providers and by end of the year forecast to be significantly higher. • Elective activity is up to 55% of normal levels and there are trajectories for increasing activity but these do not get us back to pre-Covid levels.
6.1.2	<p>As a result of discussion:</p> <ul style="list-style-type: none"> • Attention was drawn to the cover sheet where it says 'clinical discussions are ongoing between each provider and local primary care leaders to determine the need for clear communication to patients with regard to the reality of waiting times'. It was questioned what does 'local primary care leaders' mean and it would be good to know what the messages are in order to ensure consistency. It was responded that it is about trying to raise public awareness regarding making patients aware that they need to access health services for example the national programme 'Help us to help you'. Numbers in general practice are nearly up to pre-Covid levels. Patients are being treated that are very urgent and with higher clinical need. Those that are less urgent may have to wait longer. It was reiterated that it was thought that the statement was with regard to communications to those that are waiting. It was explained that it is a combination of both. It was reflected that there are patients who do not know what's happening with their planned hospital assessment or treatment and a number of these are phoning their GP for advice/guidance. The points raised were acknowledged and there will be a focus around improved communications to both patients and primary care. • There was further reflection on the point around the impact on GPs when reporting now back to normal operating levels within primary care but are in fact operating with less capacity and there is the potential for GPs to get overwhelmed but fully recognising that patients want an answer. Rachael King agreed to feed the messages back to the Trust to ensure there is robust communications going out to patients and to GPs so there is clarity around what the waiting times are. There is also a need for a process for patients to update providers with their changing urgency, rather than reverting back to 'old processes'. Rachael also said that she would raise this with Jane Hayward as the elective lead for HIOW. <p>ACTION: Rachael King Ruth Colburn-Jackson offered to take the comments through the Planned Care Board via colleagues at Integrated Care System level as well as locally to generate that consistent comms messaging to patients and residents is important.</p> <p>ACTION: Ruth Colburn-Jackson It was suggested that it might be helpful to involve the Local Medical Committee.</p> <ul style="list-style-type: none"> • It was stated that the report is saying that across UHS and HHFT there are now over 700 patients waiting over 52 weeks and reference was made to the quality cell of the HIOW Covid response that has approved the 52+ week RTT harm review process which is now being implemented by the Trusts. It was questioned if there is an idea as to when this will be available in order to give lay members and the Board assurance. It was responded that it has been approved and adopted across Hampshire. Dorset has also indicated that it will also adopt this tool. It was stated that it will give oversight of long waiters and any harm but this is not the only tool available as on weekly basis we are clinically reviewing waiting lists in line with national/royal college guidance. The harm tool quantifies long waiters and is not the only means to monitor. It was asked if other hospitals should be wound into a

	<p>system wide process. It was responded that the tool has been approved by the HIOW quality cell and it has been agreed to use in UHS and HHFT and Dorset and will subsequently be rolled out further. Judy Gillow, Chair of the WHCCG Clinical Governance Committee (CGC), confirmed for the Committee that this process was discussed by the CGC at the July meeting as the Committee was concerned regarding quality and safety issues regarding waiting lists and feedback will be provided at the next CGC so that the Committee has a clear oversight on the progress of that initiative.</p> <ul style="list-style-type: none"> • It was stated that diagnostics is an area of high concern. Probably circa 50% of patients are waiting over maximum standard of 6 weeks for diagnostics /diagnosis bearing in mind there was also declining performance in a couple of providers pre-Covid. Endoscopy in particular is a huge pressure area due to restricted capacity due to Covid requirements. A substantial piece of work is underway to see how we can recover the position but will need to find additional capacity as this has an impact on other pathways and waiting times. • It was highlighted that in terms of Cancer most of the services were maintained close to normal, although there are still some gaps in service for example chemotherapy treatments which are just now starting to recover. Two week waits (2ww) are up to within 20% of normal levels. There is a continued focus on these services and all are to be discussed as part of wider recovery plan that is to be put in place. Business cases are also being developed/reviewed for submission for capital funding to increase capacity in addition to other local plans to increase capacity. Concern was expressed regarding the diagnostics position and the harm element for those people waiting, as every single one of our providers is RAG rated red to lesser or greater degree. It was appreciated that this is being picked up in the recovery phase so is there something about developing a system solution to start managing this backlog rather than separately at organisational level. It was responded that there is an overall work stream regarding diagnostic recovery with Alex Whitfield leading and Keith Douglas providing executive lead capacity looking at current state and options for individual and system responses as well as what can be done at ICS level to bring services back to levels needed. Concern was expressed around the pace as we could be quickly overtaken by winter and the other pressures and challenges we face. • Board members/the Committee reiterated their ongoing concern regarding CAMHS performance as it is again reporting below contractual levels. In response Mike Fulford restated the following: <ul style="list-style-type: none"> • A reduction in referrals has been seen however there has not been a reduction in waiting times because of reduced capacity. The service has increased their digital offer however there is still a substantial backlog awaiting treatment. • Pre-COVID a great deal of work had been undertaken to understand how the service triages and reviews clients on the waiting list and the CCG quality team were satisfied that they had a safe mechanism in place. Work is now in train to understand how the service is currently triaging waiting lists to ensure it is proactive and not dependent on service users/their families calling back and asking to be re-triaged. <p>Mike Fulford explained that he has asked the CAMHS commissioning team to provide granular detail and confirm within the next week the baseline position for 2020-21 and activity trajectories including any requirements around additional investment, if there are any, for review prior to presenting at the end of August the proposal to address the ongoing activity backlog.</p>
6.1.3	<p>AGREED</p> <p>The West Hampshire CCG Finance and Performance Committee:</p> <ul style="list-style-type: none"> • Noted and provided comment on the performance report.

6.2	<u>Wheelchair Services Briefing (FPC20/053)</u>
6.2.1	<p>Attention was drawn to paper FPC20/053 that provides a briefing on:</p> <ul style="list-style-type: none"> • Current service provision (caseload profile, activity & performance) • Impact of Covid19 upon service delivery • Improvement/mobilisation priorities for the remainder of the financial year • Future service provision overview, including for example patient journeys
6.2.2	<p>The following points were highlighted/raised during discussion:</p> <ul style="list-style-type: none"> • Attention was drawn to the fact that the Committee requested at last month's meeting a more detailed update on our wheelchair services and Steve Trembath has compiled a comprehensive briefing. • It was highlighted that rather than go through the whole report attention is to be drawn to the critical things for example Slide 4 – Current service provision: performance activity measures and Slide 5 - Current service provision : Covid-19 impact. As with other services there has been a reduction in referrals through Covid and a reduction close to 40% in referrals through the period has been seen but this has enabled a number of metrics to improve over that period in terms of number of patients awaiting triage and assessment. Although still much higher than we would have liked there have been improvements in numbers waiting and being processed through the system. We need to be cognisant of the fact that there are probably a range of individuals who have not contacted services for example those shielding or those who feel they do not want to access services during Covid. This prompts the question as to when/if they will come back. However, we are starting to see that referral levels are starting to get back to nearer but not at normal levels and we have seen further deterioration in waiting times as some of backlog patients are worked through. It was stated that clearly we still have much to do to work with the service to improve performance and that is included in Slides 6 and 7 in terms of key investment plans and pathway improvements/innovations under the new contract structure that is being implemented. • It was questioned if there is data available on the number of clients who are declining appointments. It was responded that there are clients who have declined but this would need to be checked outside of the meeting. It was also asked if there is any national benchmark data available. Mike agreed to progress this action with Jenny Erwin, current portfolio lead, and an update will be provided as a post meeting note or as an update at the next meeting. <p>ACTION: Mike Fulford/Jenny Erwin (Post meeting note: It is difficult to segregate exactly the number of patients who have declined appointments; as these individuals will be represented within the 121 assessments that have had to be rearranged since April (20.2% of offered appointments) and 53 (8.2% of offered appointments) who were unable to attend their appointment. However, as an example, as of June 2020, of the 99 individuals on the special seating caseload, 40 recently declined appointments due to Covid.</p> <p>There is no national benchmarking data available; however commissioners continue to engage in regional forums where similar issues and best practice is required. (Note: Wheelchairs performance benchmarking report prepared and circulated to Committee on 13 August 2020, copy attached to action tracker at Appendix A.)</p>
6.2.3	<p>AGREED</p> <p>The West Hampshire CCG Finance and Performance Committee:</p> <ul style="list-style-type: none"> • Noted the current service delivery and key improvement next steps being taken. • Agreed the action outlined at paragraph 6.2.2

6.3	<u>NHS England Assurance and Reporting Requirements (FPC20/054)</u>
6.3.1	<p>Mike Fulford introduced paper FPC20/054 and the Committee received a copy of a letter received from Amanda Pritchard, Chief Operating Officer, NHS England/Improvement dated 6 July 2020 around the stepping up of key reporting and management functions. There is a focus/emphasis around:</p> <ul style="list-style-type: none"> • Governance and meetings • Performance management, reporting and assurance • Supporting members of staff who are particularly vulnerable, including those who are shielded, BAME backgrounds and those with other risk factors • Ensuring staff take annual leave.
6.3.2	<p>The Committee were reminded that in the earlier letter dated 28 March 2020 measures were outlined to allow providers and commissioners to free up as much capacity as possible to prioritise their workload and focus on what was necessary to manage the response to the Covid-19 pandemic. As part of the WHCCG response the Board agreed to principles around the 'lean' management of our governance processes. These principles are being applied to the CCG's Committees and are adjusted in response to need; these will continue until further notice as we prepare for new ways of working/prepare to become a single new organisation with other local CCGs.</p>
6.3.3	<p>It was highlighted that:</p> <ul style="list-style-type: none"> • One or 2 elements being stood up in terms of reporting as described in paper for example: <ul style="list-style-type: none"> • National clinical audits and outcome review programmes. • Referral to treatment patient tracking list • Ambulance clinical outcomes • Trusts were also asked to continue collecting data on the following mental health indicators where capacity allowed: <ul style="list-style-type: none"> • Children and Young people's eating disorder waiting times • Physical health checks for people with severe mental illness • Out of area placements. <p>These data collections are to resume as normal for the Quarter 2 reporting period.</p>
6.3.4	<p>AGREED</p> <p>The West Hampshire CCG Finance and Performance Committee:</p> <ul style="list-style-type: none"> • Received and commented on the 6 July 2020 letter from Amanda Pritchard around stepping back up of key reporting and management functions.
7.	<u>Personal Health Budgets Policy (FPC20/056)</u>
7.1	<p>The Committee were advised that a Personal Health Budget (PHB) Policy is in development and will be presented at the next Committee meeting for approval. The policy outlines the principles supporting implementation of PHBs by balancing choice, risk, rights and responsibilities. It recognises that, in the right circumstances, risk can be managed to promote a culture of choice and independence which encourage responsible, supported decision making.</p>
7.2	<p>This policy covers all PHBs issued by CCGs within Hampshire (and Isle of Wight for Children's Continuing Care) but the production of the policy is being led by the Adults NHS Continuing Healthcare (CHC) and Placements team.</p>

7.3	<p>As a result of discussion the Committee Chair requested that Ciara Rogers be asked to provide in addition to the Policy coming next month a short summary of the guidance regarding the key issues and points to particularly note/will impact. It was subsequently suggested that this summary will be helpful also for patients and families so there is a need for the summary to be available for all.</p> <p>ACTION: Ellen McNicholas/ (Ciara Rogers)</p>
7.4	<p>AGREED</p> <p>The West Hampshire Clinical Commissioning Group Finance and Performance Committee:</p> <ul style="list-style-type: none"> • Noted the policy development. The policy is in the final stage of development and will be presented at the August Committee meeting. • Agreed the action outlined at paragraph 7.3.
8.	<p><u>ANY OTHER BUSINESS</u> – There were no items raised on this occasion.</p>
9.	<p><u>RISKS ARISING FROM DISCUSSION OF AGENDA ITEMS TO BE INCLUDED ON THE CORPORATE RISK REGISTER</u> - There were no items identified on this occasion.</p>
10.	<p><u>DATE OF NEXT MEETING</u> – The Finance and Performance Committee will next meet on Thursday 27 August 2020. Timing to be confirmed.</p>

BLANK PAGE

Minutes

Finance and Performance Lean Committee

Minutes of the Finance and Performance Committee Virtual meeting held on Thursday 27 August 2020 from 10.30am to 11.50am

Present:	Alison Rogers	Lay Member Strategy and Finance (Chair)
	Charlie Besley	Locality Clinical Director Totton and Waterside
	Ruth Colburn-Jackson	Managing Director: North and Mid Hampshire
	Mike Fulford	Chief Operating Officer and Chief Finance Officer
	Simon Garlick	Lay Member Governance/Audit
	Judy Gillow	Lay Member Quality
	Karl Graham	Locality Clinical Director / Board GP
	Adrian Higgins	Medical Director
	Rachael King	Commissioning Director: South West
	Johnny Lyon-Maris	Locality Clinical Director / Board GP
	Ellen McNicholas	Director of Quality and Nursing (Board Nurse)
	Sarah Schofield	Clinical Chairman
	Jim Smallwood	Secondary Care Consultant
	Caroline Ward	Lay Member New Technologies and Digital
	Stuart Ward	Locality Clinical Director / Board GP
In Attendance:	Ian Corless	Board Secretary/Head of Business Services
	Jonathan Vaughan	Deputy Chief Finance Officer, Contracting
	Jackie Zabiela	Governance Manager (Minutes)
Apologies:	Jenny Erwin	Director of Mental Health Transformation and Delivery
	Rory Honney	Locality Clinical Director / Board GP
	Maggie MacIsaac	Accountable Officer
	Lorne McEwan	Locality Clinical Director / Board GP
	Terry Renshaw	Governance Manager

1.	<u>WELCOME, APOLOGIES AND CONFIRMATION OF QUORACY</u>
1.1	Alison Rogers welcomed members present to the virtual lean meeting of the NHS West Hampshire Clinical Commissioning Group (West Hampshire CCG) Finance and Performance Committee and noted apologies for absence.

1.2	It was confirmed that the meeting was quorate.
2.	<u>DECLARATIONS OF INTEREST (FPC20/059)</u>
2.1	Alison Rogers directed members to the Declaration of Interest Register.
2.2	Attention was drawn to the fact that should a conflict arise at any point during the meeting members will need to declare this fact.
2.3	AGREED The West Hampshire CCG Finance and Performance Committee: <ul style="list-style-type: none"> • Received and noted the Register of Interests.
3.	<u>MINUTES OF THE PREVIOUS MEETING (FPC20/060)</u>
3.1	The Finance and Performance Committee received the draft minutes of the meeting held on the 23 July 2020.
3.2	AGREED The West Hampshire Finance and Performance Committee: <ul style="list-style-type: none"> • Approved the minutes of the meeting held on the 23 July 2020 with no matters arising.
4.	<u>ACTION TRACKER (FPC20/061)</u>
4.1	Alison Rogers introduced paper FPC19/061. The following updates to the action tracker were provided:
	1. <u>FPC19/006b) Savings Programme: Add resourcing the scale/challenge around the change programme and pressures driving the system onto the action tracker</u> – It was reported that this has been added to the action tracker rather than the risk register. Alison Rogers reminded the Committee that this is not a true action, but an AIDE MEMOIRE . This will be addressed as we move to system working.
	2. <u>FPC19/014a Performance Report CAMHS : Provide Committee with an update on national benchmarking performance</u> – It was highlighted that when you look at the data within Hampshire and the Isle of Wight we rate low in terms of funding per head of the population. Granular detail is awaited around clear trajectories for investment and improvements.
	3. <u>FPC20/002d) Performance Report : Wheelchairs Clinical Governance Committee to revisit deep dive into clinical triage process</u> – The Committee was reminded that it had been agreed that this should remain on the action tracker as an aide memoire to pick up again as a performance issue when we emerge from Covid. AIDE MEMOIRE
	4. <u>FPC20/004 Finance Report : Increase in GP prescribing Neil Hardy to be asked to prepare a brief report for circulating post meeting</u> – The Committee was reminded that a report had been prepared and circulated on the 30 July 2020. Action complete. Closed .
	5. <u>FPC20/005 Wheelchair Service : Post meeting note/update required for next meeting on 1) Number of patients who have declined an appointment. 2) If</u>

	<p><u>there is any national benchmarking in terms of declined appointments</u> – It was reported that the report had been emailed to Committee members on 13 August 2020 and a copy is attached to Action Tracker at Appendix 1. It was highlighted that this comes with the caveat that there is probably a level of inconsistency within the data and therefore some of the very high levels of performance reported by other CCGs might need probing. This does not diminish that our performance is very low and nowhere near the standard that we would want. This action has therefore been completed and the next requirement for the Committee is around the expected trajectory of improvement now that the contract has been let. The complexity of the service and data was acknowledged and it was questioned:</p> <ul style="list-style-type: none"> • Why the service locally is so complex when other areas are achieving standards. It was responded that there is a whole range of commissioning and provisioning of standard wheelchair services that are not included in the wheelchair contract with Millbrook for example anything that comes from Joint Equipment Store the vast majority will be delivered in 18 weeks and this would change numbers considerably. Higher costs are also reflected as we have more specialist services; however this does not diminish the fact that the performance against expected standards is deficient. • Is the benchmarking data provided not a valid fair comparison. It was responded that there is no standard for reporting information as there is no standard definition for 18 week management. <p>It was agreed that the Committee requires an update on what is the trajectory and expected improvement on performance for rest of the year as the new contract has been let. This will therefore be taken forward and will continue to be reported within routine reporting, so in effect we can now close this action with a cross reference to these minutes. Closed.</p>
	<p>6. <u>FPC20/006 Personal Health Budgets : Produce in support of Policy for August Committee meeting a short summary of the guidance regarding the key issues and points to particularly note/will impact. Suggested that this will also be helpful for patients and families</u> - Executive summary provided with policy submitted for approval. Refer to item 8, paper FPC20/065. Closed.</p>
4.2	<p>AGREED</p> <p>The West Hampshire Finance and Performance Committee:</p> <ul style="list-style-type: none"> • Received the updates from the action tracker. • Agreed that three actions are complete and can now be closed.
5.	<p><u>FINANCE</u></p>
	<p><u>Financial Position 2020/21 – Month 4 (FPC20/062)</u></p>
5.1	<p>In addition to the information provided within paper FPC20/062 circulated for the meeting Mike Fulford explained that the key highlights are that:</p> <ul style="list-style-type: none"> • We have only had funding confirmed for the first 3 months of the year which includes both Covid and non-Covid forecast overspend. • The financial forecast is for providers and commissioners to break even for the year but recognising that we have still only got allocation/budgets confirmed for only part of the year and we are still awaiting confirmation for the remainder of the year. • For last couple of months there has been an accumulated overspend of £8m, three quarters of this is related to Covid expenditure which has yet to be funded by NHSE and the rest is associated with 'usual areas' of overspend which we have well-rehearsed in previous months.

	<ul style="list-style-type: none"> The only key change is that we have seen prescribing information return to a more normal level after a surge in expenditure through Covid, both in terms of increase in number of items, and in cost/price due to a higher level of medicines not available in their normal quantities.
5.2	<p>As a result of discussion it was:</p> <ul style="list-style-type: none"> Reflected that when we started the year we knew we had around £30m+ deficit to face, not taking into account Covid related expenditure and big performance issues with our major providers. It was questioned if it is intended that we will transfer our deficit to the newly merged CCG or will we in the interim endeavour to address some of these things. It was responded that at the moment we have a situation where no provider has been asked to deliver any efficiency savings for 2020/21 and no commissioner asked to deliver QIPP savings as we are operating under block and PBR contracts and all providers will be funded to a block/break even arrangement. However, there are a range of efficiencies that we had wanted to implement over previous years that would be our QIPP programmes that are being delivered now for example delayed transfers of care where there have been very substantial improvements; but this has not been reflected in financial terms in the way that we are managing contracts. It was stated that in moving forward into next year there is an enormous amount of challenge that will require tens of millions of pounds to manage, particularly the waiting times pressures going into next year. Many CCGs in HIOW have underlying financial challenges that will go into 2021/22, recognising that we do not know the financial framework we will be operating within for 2021/22. We are working in very different financial arrangements now to what we have had in previous years but as discussions with the Treasury are still ongoing we do not, as yet, have a financial framework for the last 6 months of this year. As part of merger process we will undertake a bottom up financial planning exercise, which is programmed to be undertaken in the next couple of months. Stated that this position needs to be more widely understood in order to support the environmental changes. It was highlighted that a lot of the transformation work we had identified has been accelerated and we need to ensure this is embedded as we continue to progress and as financial arrangements become clearer. <p>On concluding the discussion it was reported that we have exactly the same rigour around financial management as we have had in previous years and it is being managed in the same way, but different in that we don't have a PBR environment which requires a different focus. For last 6 months of the year Covid/top up management will be managed at Integrated Care System level not at provider level, which we anticipate will have substantial challenge.</p>
5.3	<p>AGREED</p> <p>The West Hampshire Clinical Commissioning Group Finance and Performance Committee:</p> <ul style="list-style-type: none"> Received and reviewed the update on the risks in relation to the West Hampshire CCG financial position 2020/21 and the report on the Month 4 financial position.
6.	<u>PERFORMANCE REPORTING</u>
6.1	<u>Performance Oversight Report (FPC20/063)</u>
6.1	<p>In addition to the information provided within paper FPC20/063 circulated for the meeting Mike Fulford drew attention to the following points:</p> <ul style="list-style-type: none"> As we move into the confidential part of the agenda more information will be provided

	<p>around Restoration and Recovery Planning (refer to paper FPC20/068).</p> <ul style="list-style-type: none"> • Performance is intrinsically linked into Recovery & Restoration plans and overall view at Integrated Care System level. Within CCGs you will see that we have had pretty good performance around 4 hour ED performance but this is now coming under challenge particularly at HHFT but at PHT as well with attendances at or above previous year's levels. Primary care attendances have increased substantially as well and we are starting to see a continuing rise in ambulance demand. • Whole urgent care piece is currently now under pressure and this is before we head into winter. A key area of concern is around waiting lists in terms of the number of patients waiting lengthy periods for planned care. • Diagnostic performance again has dropped considerably and is an area of considerable concern both for performance and recovery. • CAMHS and wheelchair performance is still poor and are areas of continuing focus. • Despite challenges through Covid cancer performance is holding up pretty well, however there are still challenges around the 62 day target. <p>On concluding it was stated that when you look at the benchmark of providers, although there are challenges round performance there is quite a lot of Amber/Green RAG ratings within the performance pack. However, it is important not to be complacent and it was highlighted that HHFT ED activity declined in July. This is due to ongoing staff shortages at the Basingstoke site and staffing challenges and the junior doctor change over continues to impact on performance in August. There are also still some significant challenges around RBCH performance and there are ongoing actions to improve the position.</p>
6.2	There were no questions or comments raised.
6.3	<p>AGREED</p> <p>The West Hampshire CCG Finance and Performance Committee:</p> <ul style="list-style-type: none"> • Noted the performance report.
7.	<p><u>Third Phase of NHS Response to COVID-19 (FPC20/064)</u></p>
7.1	<p>The Committee received a copy of the letter received from Simon Stevens, NHS Chief Executive and Amanda Pritchard, Chief Operating Officer, NHSE/I dated 31 July 2020 around the third phase of NHS response to Covid-19. The third phase of the NHS response to Covid-19 is effective from 1 August 2020. The letter:</p> <ul style="list-style-type: none"> • Provides an update on the latest Covid national alert level. • Sets out priorities for the rest of 2020/21. • Outlines financial arrangements heading into autumn as agreed with Government. <p>An interim progress update summarising the key deadlines and the work in progress to meet those deadlines was shared for assurance purposes.</p>
7.2	It was reported that this is for information in the sense that this is the formal letter that we have received around our requirements. The status of our recovery actions will be picked up in the confidential section of the agenda, paper FPC20/068.
7.3	<p>AGREED</p> <ul style="list-style-type: none"> • The West Hampshire CCG Finance and Performance Committee received and commented on the 31 July 2020 letter from Simon Stevens and Amanda Pritchard around the third phase of NHS response to Covid-19.

8.	<u>PERSONAL HEALTH BUDGETS POLICY (FPC20/065)</u>
8.1	It was reported that Personal Health Budgets (PHBs) are part of a wider personalisation agenda and provide a tool to support self-management and care planning. This is in line with the Government’s mandate to place greater emphasis on individuals as partners able to identify services that best meet their needs. A PHB is an amount of money allocated to support the identified health and well-being needs of an individual. A PHB is not necessarily new money, but a different way of spending health funding to give people with long term health conditions and disabilities more choice and control over how their health and well-being needs are met.
8.2	The document provided sets out the policy and guidance developed to ensure the consistent and transparent delivery of PHBs. The document outlines the local procedure for achieving the implementation of PHBs by balancing choice, risk, rights and responsibilities.
8.3	<p>Ellen McNicholas said that the Committee will be aware of the Government mandate to put a greater emphasis on individuals as partners in their care which is part of the reason for the introduction of PHBs. We have been delivering PHBs for some time but there has been a push for us to increase the number being delivered and we have targets for this. These budgets give people with long term health conditions greater control and choice of how their needs are met but it does involve spending CCG money and clearly robust governance is required. It was clarified that this is not new spend/ a pocket of money, it is spending existing money differently. PHBs and their introduction was a bit unclear to start with and Ellen commended Julie Addicott and the CHC team who have developed the policy. It was explained that it is necessarily long as it covers a huge amount of information not just the finance but for example about how to employ personal assistants, the CCGs role in managing and monitoring and covers off some of the long held issues such as whether someone is allowed to give eye drops, ear drops and factors that cause untold hours of discussion to try and resolve. We currently have 136 PHBs in CHC across 5 CCGs, 55 in WHCCG but there is a need for us to grow this exponentially.</p> <p>Attention was drawn to the third attachment which is a patient information leaflet to help explain what PHBs are.</p>
8.4	<p>As a result of discussion</p> <ul style="list-style-type: none"> • The Chair stated that having read the documentation you can see that a lot of effort has gone into this and it is an area that has quite big potential governance issues in terms of monitoring and understanding the liabilities that are being taken on. It was reflected that the decision has been taken that for new PHBs we do not allow the use of self-employed and it was questioned why this is. It was responded that we have had a number of situations where this has caused us an issue in terms of safeguarding of individuals and some of those have been safeguarding of the person in receipt of PHB but on other occasions relating to the person providing the care. Taking it off and ensuring that people have to go through a payroll system helps us with the management and prevention of some of the issues that have arisen in the past. Both in terms of administration and clinical issues. • It was reflected that governance is covered within the Policy and it was questioned if we have undertaken a risk assessment review of when someone comes off a PHB and we take on their liability and if this has any implications for the CCG. Mike Fulford suggested that we programme in a subsequent internal audit of our processes once established/embedded to ensure transfer/exit arrangements are robust and are in place. • It was questioned if these budgets are much better for people and does it produce an inherent inequality for people who do not have a PHB. It was responded that it is genuinely helpful to people but it is an issue of choice. There are some people who

	want to take control of these matters themselves and there are others that would always elect us to make choices alongside them but do not want responsibility of having a PHB. It is really important that we give people the choice.
8.5	AGREED <ul style="list-style-type: none"> • The West Hampshire Clinical Commissioning Group Finance and Performance Committee reviewed and approved the Personal Health Budget Policy.
9.	<u>ANY OTHER BUSINESS</u> – There were no items raised on this occasion.
10.	<u>RISKS ARISING FROM DISCUSSION OF AGENDA ITEMS TO BE INCLUDED ON THE CORPORATE RISK REGISTER</u> - There were no items identified on this occasion.
11.	<u>DATE OF NEXT MEETING</u> – The Finance and Performance Committee will next meet on Thursday 24 September 2020. Timing to be confirmed.

BLANK PAGE