

Strategic Finance Committee Minutes of the meeting held on Tuesday 18th December 2018, CCG Conference Room, South Plaza, Bristol, BS1 3NX

Minutes

Present		
Peter Marriner	Strategic Finance Committee Chair	PM
Rob Moors	Assistant Chief Finance Officer	RM
Sarah Truelove	BNSSG Chief Finance Officer	ST
Jonathan Hayes	BNSSG Clinical Chair	JH
John Rushforth	Independent Lay Member – Audit, Governance and Risk	JRu
Julia Ross	BNSSG Chief Executive Officer	JRo
Deborah El-Sayed	BNSSG Transformation Director	DE-S
Apologies		
Lisa Manson	BNSSG Commissioning Director	LM
In attendance		
Steve Rea	BNSSG Associate Director of Programme Delivery	SR
Paul Edwards	BNSSG Interim Deputy Director of Commissioning	PE
Daniel Knight	Integrated Partnerships Manager	DK
Padma Ramanan	Head of Finance, Partnerships and Mental Health	PR
Mike Pingstone	Associate Director of Procurement, SCW CSU	MP

	Item	Action
01	<p>Declarations of Interest No interests were declared.</p> <p>Jon Hayes (JH) declared a conflict of interest to item 8. JH left the room for this item.</p>	
02	<p>Minutes The minutes from the previous meeting were approved.</p> <p>Action Log The action log was updated accordingly.</p>	
03	<p>CCG Month 8 Financial Report A paper/presentation was submitted prior to the meeting, Sarah Truelove (ST) highlighted the following areas:</p> <p>The CCG is forecasting delivery of the financial plan for the year as at Month 8 however the CCG is reporting a net unmitigated risk of £4.0m against the plan.</p>	

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	<p>Acute spend escalated in October. ST explained that this is partially due to there being a high number of working days in the month, but there was also high activity across every point of delivery in month. The year to date variance in acute services has deteriorated by £3.3m in the month.</p> <p>NBT continued to see the significant increase in short length of stay admissions in October. The number of admissions for a length of stay up to 12 hours remained steady at 1200 per month in the period until June, in July to October this increased by more than 40% to more than 1700 per month.</p> <p>The CCG’s savings programme forecast position has deteriorated in month with a reduction of £391k. There is a year to date slippage of £3.2m which represents delivery of 85% to Month 8.</p>	
04	<p>System Financial Recovery Plan</p> <p>A paper/presentation was submitted to the Committee prior to the meeting, SR highlighted the following areas.</p> <p>SR confirmed that at Month 8 BNSSG CCG need to deliver £37m of savings in 2018/19 to meet the requirements of the financial plan and the £10m CSF (pre Commissioner Support Funding) deficit Control Total.</p> <p>At Month 8 there are a total of 59 individual projects contributing to the delivery of the CCG’s SFRP. Since last month there has been one addition within the Urgent Care and Community Care Control Centre</p> <p>Month 7 reported a risk assessed FOT of £29.0m and Month 8 is now forecasting £28.5m. The net deterioration of £0.5m is the first downturn in forecast delivery since June 2018. This is predominantly driven from changes within Urgent and Community Care, Planned Care and Mental Health Control Centres.</p> <p>Mitigations and Actions to Recover the Position</p> <ul style="list-style-type: none"> • Review Elective Activity – Review to determine if increases in referrals, outpatient appointments and elective spells are mostly driven by case-mix or volume changes. • Expansion of Referral management – The planned Care Control Centre re reviewing the likely 2018/19 benefit of the phased roll out of the referral management service expansion in South Gloucestershire starting in Q4. 	

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	<ul style="list-style-type: none"> • Assisted conception savings – The spend on assisted conception savings has remained lower than last year’s however a level of risk assessment is currently built on to the current FOT saving as there still may be outstanding invoices from independent providers . • Reporting and Evaluation for REACT/Rapid Response – the planned savings for the REACT/Rapid Response service expansion will be updated as actual activity reported are received. • Non-recurrent Review – The PMO will work with Rob Moors (Interim Deputy CFO) to review whether additional savings are able to be identified froth non-recurrent means. <p>ST informed members of a System Savings Workshop scheduled for 7th January. This will look at provider and commissioner savings plans.</p>	
05	<p>Transformation Update</p> <p>IAPT (Procurement timeline) The IAPT Procurement Timeline was submitted to the committee prior to the meeting.</p> <p>Better Care A paper/presentation was submitted to the Committee prior to the meeting, Daniel Knight (DK) and Padma Ramanan (PR) presented this item.</p> <p>The Integrated Partnerships team, in conjunction with finance and commissioning teams commenced the review of the over 85 schemes and related budget lines, pulled together across the Local Authority areas. The 85 schemes for this year were reviewed individually with a purpose of understanding:</p> <ul style="list-style-type: none"> - How has the BCF been used? - How are the programmes managed? - Are we doing the right things? <p>DK explained that the CCG have 2 minimum contributions mandated by NHSE. The CCG minimum contribution is the annual minimum amount that each CCG must identify in their budgets as part of BCF. The Protection of Adult Social Care Monies is the amount that is mandated to be paid to the Local Authorities for BCF.</p> <p>The baseline is calculated by total BCF as well as CCG Protection to Adult Social Care. This is calculated from relative needs formula with growth</p>	

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	<p>applied year on year. The Total CCG contribution for BCF is £61.9m. £26.1m of this is the amount mandated to be paid to the Local authority for BCF activities within the CCG minimum contribution.</p> <p>In order to meet the mandate BNSSG CCG has had to add £30.8m. Looking in to 19/20 the CCG will look at core services to determine what the budget lines should be for BCF next year, not including CHC or Children’s Services contributions.</p> <p>The SFC agreed that an update would be brought to the next meeting. Julia Ross (JR) asked that more detail on the £3.39m of CCG additional contributions is provided. JR noted the importance of identifying and labelling what we are doing which is BCF and releasing resources that aren’t BCF.</p> <p>Connecting Care A paper/presentation was submitted to the Committee prior to the meeting, Deborah El-Sayed (DES) presented this item:</p> <p>Currently 30,000 individual patient records are now being accessed per month through Connecting Care with 5,500 licenses that are in use across Health and Social Care.</p> <p>The Connecting Care programme is a system wide partnership adopted by 13 organisations across the STP. Funding was originally agreed in 2014 through a business case with an ambition that all could contribute to and all would benefit from.</p> <p>The proposed recommendations for taking to SFC were:</p> <ul style="list-style-type: none"> - To re-affirm commitment to the programme and extend existing partnership until November 2021 to enable time to continue to develop the existing product or scope out future specification. - Review the current method requesting partners to reconfirm contribution each year. - Support external party review of the benefits to secure long-term funding and development of future specification requirement. <p>DES noted that the STP shared contribution must meet the £1.3m needed for recruitment costs, hosting, licensing and staffing costs. This is funding for ‘business as usual’ work however the committee asked what is budget for development of the service?</p>	

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	<p>For 19/20 adding ambulance records to Connecting Care was identified as the next step by a prioritisation group. DES explained that we need to agree on what the baseline covers and as a CCG commit to funding it. Members of the group stated that we would need outcomes so that there is an objective to measure against investment. JR added that it difficult to measure benefit/ value for money as this system is used more by providers and asked for a review of contributions from providers. It was agreed that it would be useful to have an independent validated baseline of the benefits of using this system.</p> <p>The committee agreed to extend the contract for a year with a caveat that there needed to be a strategic plan for future development. Given the discussion, DES suggested bringing a demo of Connecting Care to a future meeting to show off its functionality.</p> <p>Action: Review contributions from providers. Bring back to SFC with demo. Develop strategic plan for Connecting Care future development.</p>	DES
06	<p>Review planning / contracting for 2019/20</p> <p>ST informed the committee that NHS CEO's have been called to a meeting on Thursday 20th December with NHS England which will outline planning guidelines for next year with discussions around technical planning guidance.</p> <p>ST stated that we have received a first cut of activity data from our providers which shows some significant differences between commissioner and provider planning assumptions. It was agreed at SDOG that the current aim is maintaining waiting lists. A second cut of activity data will be available on 19th January. It was noted that there are some big gaps in Urgent Care for which we are awaiting the outcome of an audit.</p>	
07	<p>Procurement - pipeline and current initiatives</p> <p>A paper was submitted to the Committee prior to the meeting. Mike Pingstone (MP) highlighted the following areas.</p> <p>Community Procurement - Financial and Commercial Update</p> <p>Work had been done on a contract database to identify contract renewals and procurement. This came from an inherited database which needed to be updated. The plan is to look at what work is needed on contracts on a quarterly basis.</p> <p>MP referred to Appendix 1 which shows the contracts which have started and a summary of actions and timescales taken against these contracts.</p>	

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	<p>MP stated that the current Procurement Policy is out of date. MP has drafted an updated policy which has been seen by Lisa Manson (Director of Commissioning, BNSSG). This draft will be going to Bevan Brittan for formal review. MP noted that the previous Bristol CCG policy was also advised on by Bevan Brittan. This draft will then go to the Corporate Policy Group on 16th January, back to SFC and then to the Governing Body for approval.</p> <p>In terms of Procurement Training, there is current development of a Standard Operating Procedure that commissioners can use to self-serve on low value procurements.</p> <p>The January Commissioning Directorate meeting will be used to trial overview of business procurement.</p> <p>MP agreed to return on quarterly basis to give this group sight of ongoing procurements.</p> <p>Action: Bring Draft Procurement Policy back to SFC once reviewed by Bevan Brittan and the Corporate Policy Group.</p>	MP
08	<p>Contract Award Recommendation for the provision of a DVT service</p> <p>A paper/presentation was submitted to the Committee prior to the meeting.</p> <p>Members were supportive of the model and accepted its recommendations.</p> <p>JR noted that there were some concerns around travel for South Bristol patients. Further discussions will take place on if another clinic would be needed.</p>	
09	<p>SFC Risk register and Governing Body Assurance Framework</p> <p>Noted for information</p> <p>With regards to achievement of the financial plan, the previous iteration showed improvement however this has gone up at month 7 so the risk will need to be adjusted to 16.</p>	Sarah Carr
10	<p>Review Forward work programme</p> <p>Noted for information</p>	

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11	<p>Review of Key Message for Governing Body</p> <ul style="list-style-type: none"> • Finance report on progress of achieving control total. • Control Total savings with risk assessed slippage from previous month. • Received paper at SFC on Connecting Care, agreed to option 3 in principle with Connecting Care Demo going to SFC. • SFC received paper on DVT, Recommended paper to GB. 	
12	Any other business	

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