NHS
Vale of York
Clinical Commissioning Group

Item 14

Chair's Report: Finance and Performance Committee

Date of Meeting	22 December 2016
Chair	David Booker

Areas of note from the Committee Discussion

The new Committee, which was part of the changing governance structure of the CCG, welcomed the increasing clarity of challenge and assurance and welcomed the continuing active support of NHS England in working to meet the challenges faced.

Areas of escalation

- The Committee received and approved, as a work in progress, the Financial Plan 2017-19. It identified considerable challenge in the delivery of QIPP, in particular within the context of the wider health economy, and welcomed the support of NHS England and NHS Improvement in creating the plan. The CCG needed to create a strong medium term plan to work towards balance for presentation to the Committee in the New Year.

- The Committee approved the Community Podiatry Award for final approval by the Governing Body on 5 January 2017.

- The Committee supported strengthening of the Performance Report in terms of delivery and clarity of responsibility, including named executive leads.

Urgent Decisions Required/ Changes to the Forward Plan

Ongoing scrutiny to be maintained in association with Audit Committee, Quality and Patient Experience Committee and Primary Care Co-Commissioning Committee.

NHS
Vale of York
Clinical Commissioning Group

Minutes of the Finance and Performance Committee Meeting held on 22 December 2016 at West Offices, York

Present

Mr David Booker (DB) - Chair	Lay Member
Mrs Fiona Bell (FB)	Deputy Chief Operating Officer
Mr Phil Mettam (PM) - part	Accountable Officer
Dr Andrew Phillips (AP)	GP Governing Body Member, Lead for Urgent Care/Interim Deputy Chief Clinical Officer
Mrs Tracey Preece (TP) - part	Chief Finance Officer

In attendance

Mrs Anna Bourne (AB) – for item 12	Senior Procurement Lead
Ms Natalie Fletcher (NF)	Head of Finance
Mrs Sheenagh Powell (SP)	Lay Member and Audit Committee Chair
Mr Keith Ramsay (KR) - part	CCG Lay Chair
Ms Michèle Saidman (MS)	Executive Assistant
Ms Lindsay Springall (LS) - for item 12	Senior Delivery Manager
Mr Jon Swift (JS) - part	Director of Finance, NHS England North (Yorkshire and the Humber)
Mrs Elaine Wyllie (EW)	Interim Executive Director of Joint Commissioning

Apologies

Mr Michael Ash-McMahon (MA-M)	Deputy Chief Finance Officer
Mrs Michelle Carrington (MC)	Chief Nurse
Mr Jim Hayburn (JH)	Interim Executive Director of System Resources and Performance
Mrs Rachel Potts (RP)	Chief Operating Officer
Mrs Helen Rees (HR)	Assistant Head of Finance, NHS England North (Yorkshire and the Humber)
Mrs Liza Smithson (LS)	Head of Contracting

The agenda was discussed in the following order.

1. Apologies

As noted above.

2. Declarations of Interest in Relation to the Business of the Meeting

There were no declarations of interest in relation to the business of the meeting. All declarations were as per the Register of Interests.

3. Minutes of the meeting held on 24 November 2016

The minutes of the previous meeting were agreed.

The Committee:

Approved the minutes of the meeting of the held on 24 November 2016.

4. Matters Arising

QF61 Quality and Performance Intelligence Report – Ambulatory Care: TP reported that this contract issue had not been resolved and was being escalated to NHS England. The outstanding contract queries mainly related to ambulatory care; sepsis was part of the 2017-18 contract. TP confirmed that NHS Improvement were involved and that these issues had been discussed at the system wide meeting on 19 December.

QF63 QIPP Report – Prescribing Savings: FB reported that, following the workshop with Senior Management Team on 13 December considering potential prescribing savings, Laura Angus (Lead Pharmacist) was developing proposals which would include additional staff to support primary care in this regard. TP advised that these proposals would be subject to a confirm and challenge session prior to presentation at the Executive Committee. She noted that the prescribing budget was underspent and already achieving savings but there were further opportunities of up to c£3m, with potential delivery of between c£900k and £1.6m in 2017-18.

QF63 QIPP Report – Procedures of Limited Clinical Value/Clinical Thresholds: AP reported that the list had been agreed by the Clinical Executive for implementation in January. Responsibility for this would lie with the Medical Director when appointed.

QF66 Corporate Risk Report – Public/Patient Engagement in Service Developments: KR reported that Victoria Hirst, Senior Engagement Lead, was now in post and he was meeting with her in early January to begin delivery of the patient and public engagement strategy. EW added that her initial priority was the current mental health services consultation.

F&P01 Matters Arising – Delegated Prescribing Budgets: TP reported that, following discussion at the Executive Committee, a model was being developed which included ensuring requisite resources and account being taken of learning from other areas such as the dermatology indicative budgets.

A number of other items were noted as completed, ongoing or on the agenda.

The Committee:

Noted the updates and ongoing work.

8. Financial Plan 2017-19

TP advised that the Financial Plan 2017-19, presented prior to submission to NHS England on 23 December, did not fully meet the Legal Directions or planning guidance therefore the Committee was being asked to receive, not approve, the Plan. TP explained that the Plan, assessed jointly with NHS England, was the best assessment at the present time but included assumptions about contracts that were not yet agreed. Revisions would be made between January and March 2017 as contracts were signed.

TP explained that consideration was being given in discussion with York Teaching Hospital NHS Foundation Trust to a “cap and floor” contract with a minimum level of guaranteed income, a cap and a joint programme of savings for which delivery would be agreed by both organisations. In response to SP and KR expressing concern about the current contract position, TP emphasised that detailed discussions had taken place in this regard and noted that, although the contract had not been signed, the Heads of Terms included the assumptions described. JS additionally explained that the joint plans were subject to assurance of delivery noting that NHS England and NHS Improvement had put in place an assurance process that required contract agreement and signing. He also advised a further process agreed by the CCG and York Teaching Hospital NHS Foundation Trust of “early warning” signs that would generate intervention if parameters were not being achieved.

TP gave a detailed presentation on the Financial Plan which continued to assume a £24.1m deficit in line with the CCG’s Financial Recovery Plan submission. She explained that the underlying deficit position of £19.5m along with inflation and growth of £13.8m had been applied; this was against the allocation growth of £8.7m. A QIPP saving of £11.2m, 2.5% (previously 2%), had been applied to the Plan. The total planned cumulative deficit was now £45.5m. TP noted that the Plan met only two of the five Business Rules: 0.5% of non-recurrent expenditure should be uncommitted as a risk reserve and CCGs should plan for 0.5% contingency.

Detailed discussion ensued on the financial challenge and need to reduce expenditure. TP noted that a detailed confirm and challenge process, attended by NHS England, had taken place for all areas of spend. In respect of continuing healthcare packages TP explained that local circumstances favoured providers noting that the CCG was working with the Independent Care Group who represented care homes. She also highlighted that the CCG’s population was comparatively greater than other areas and also had the additional student population.

TP referred to areas of cost pressures, investments and contingency. She noted that, following discussion with the Council of Representatives, the Governing Body and JS, the CCG intended to make the £3 per head investment in primary care, not currently identified as an investment in the Plan; this would be reliant on additional savings being made to generate it.

TP explained that the 2016-17 outturn of £190.391m in respect of the York Teaching Hospital NHS Foundation Trust acute contract was based on the month 6 contracting position, the 2017-18 Plan before QIPP was £195.114m and after QIPP was £184.448m. Full delivery of the £10.666m QIPP, which formed the basis of the joint programme of work, was required. This included delivery of in year referral to treatment performance but did not resolve the backlog. Discussion continued in the context of the need for partnership working and requirement for the whole system to understand the CCG’s financial position.

PM joined the meeting

In respect of the £11.2m QIPP saving within the 2017-19 Plan JS noted that this was the target to meet the CCG’s Recovery Plan. In terms of robustness he explained that

there were schemes with the potential to achieve this but to do so would require the whole system to focus on delivery through reducing costs in one year.

PM referred to the system meeting that had taken place on 19 December, where attendance had included NHS England and NHS Improvement, and noted that all efforts were continuing with York Teaching Hospital NHS Foundation Trust to agree the contract. JS also explained that NHS England was working with NHS Improvement regarding developing a health economy understanding of the financial challenge across the system. KR added that as a commissioner the CCG should ensure that the other pillars of the system – primary care, social care and mental health – also had a full understanding of the challenge.

Further discussion included the need to address failure in other parts of the system to reduce acute activity; the dependency on resources by the Vale of York population being greater than the allocation available and which should be deployed to meet need and the impact of national requirements; CCG Legal Directions and for York Teaching Hospital NHS Foundation Trust - the Sustainability and Transformation Fund. PM additionally emphasised the need for engagement with the public and partner organisations across the system including Board members of York Teaching Hospital NHS Foundation Trust Board, requesting that consideration be given to the latter in preparation for discussion at the next Committee meeting. PM noted that establishment of the Accountable Care System Partnership Board from February 2017 would provide the forum for discussion on working towards a single system. He also reported that Pat Crowley had agreed to take on the role of Senior Responsible Officer for the Humber, Coast and Vale Sustainability and Transformation Plan.

JS left the meeting

TP explained that the £10.666m QIPP with York Teaching Hospital NHS Foundation Trust may reduce following agreement of other acute contracts. She emphasised the need to ensure QIPP schemes and commissioning thresholds were incorporated in the CCG's associate contracts.

TP referred to the contract with Tees, Esk and Wear Valleys NHS Foundation Trust advising that the financial detail was being finalised with a view to capping the financial risk and enabling them to manage the care pathways for Section 117 and continuing healthcare high cost mental health packages. EW added that the Deed of Variation included a commitment for this work to commence in 2017-18 noting that Tees, Esk and Wear Valleys NHS Foundation Trust had confirmed the intention to maximise opportunities.

TP referred to the 2017-18 position in respect of £24.621m relating to community services, £2.777m relating to MSK at York Teaching Hospital NHS Foundation Trust and continuing healthcare and funded nursing care at £31.778m. In respect of the latter EW highlighted that the £1.8m QIPP target, which had been subject to confirm and challenge, was dependent on resource requirements, operational pathway and brokerage; the current review of the Partnership Commissioning Unit would also contribute to its achievement. PM additionally noted work at a local level, including with NHS England, to review the functions currently undertaken by the Partnership

Commissioning Unit and agreed to arrange for a report to be provided at the next Committee meeting.

TP referred to the earlier discussion of the £3 per head. She advised that the other primary care areas were in line with national assumptions although the North Yorkshire CCGs' Chief Finance Officers were working collaboratively regarding NHS 111 as it was not known whether this was included. In response to SP seeking clarification as to processes for flexibility in this area of spend, PM advised that he had requested an overview of Enhanced Services contracts for the February meeting of the Primary Care Commissioning Committee. This would be considered within the Operating Plan prioritisation process.

TP confirmed that the £1.614m prescribing QIPP could be delivered within existing resources but noted that consideration was being given to expanding the Medicines Management Team resource following proposals by Laura Angus, Lead Pharmacist, based on benchmarking and identification of potential further opportunities.

TP reported on discussions regarding Yorkshire Ambulance Service noting that agreement had not yet been reached in respect of this collaborative contract across the Yorkshire CCGs. TP described the voting arrangements in this regard but noted that NHS Vale of York CCG had informed partners that the CCG would be excluded from additional risk share pressures due to the Legal Directions. There was potential for the £12,908m before QIPP in the 2017-18 plan to improve as this was the worst case scenario.

TP advised that the CCG's running costs were in line with allocation. The planned new structure would have an impact but a number of vacancies would assist towards this.

In respect of the HRG4+ and identification rules allocation changes TP explained that, following the national validation work, this risk had reduced from £2.9m to £2m. She noted that 65 CCGs had benefitted from this.

In referring to the 2017-18 QIPP summary TP reported that there was detailed information behind each line. She also highlighted that there was now a lead officer against every contract and every area of spend so that accountability was clear.

The Chair, DB, requested a detailed report of progress and accountability for the next meeting, which would be the primary focus.

In response to SP seeking assurance that investments would deliver the anticipated savings TP explained that there was a detailed approval process to provide such confidence. EW additionally noted, in response to KR seeking assurance about the Better Care Fund for 2017-18, that notification had been received of two years allocation and she was beginning early planning discussions in this regard with City of York Council.

Members noted that the risks to delivery of the financial plan would be included on the Risk Register. PM additionally advised that he would meet representatives from eMBED to discuss the risk relating to business intelligence and data quality and timeliness.

PM requested for the next Committee meeting an Income and Expenditure Balance Sheet report for the three years to the end of 2016-17 to explain the £45.5m cumulative deficit. He also noted, in response to DB and SP enquiring about innovation and addressing this challenge, that a medium term financial plan would be discussed at the meeting.

In concluding this item members discussed further the approach for sign off of the contract with York Teaching Hospital NHS Foundation Trust expressing concern in light of historic experience. TP emphasised that in the event of the CCG's £184.5m being exceeded, intervention from NHS England would be triggered and reiterated the requirement for the joint programmes of work to deliver.

The Committee:

1. Received and approved, as a work in progress, the Financial Plan 2017-19. It identified considerable challenge in the delivery of QIPP, in particular within the context of the wider health economy, and welcomed the support of NHS England and NHS Improvement in creating the plan. The CCG needed to create a strong medium term plan to work towards balance for presentation to the Committee in the New Year.
2. Noted the proposal for discussion at the next meeting to progress engagement with York Teaching Hospital NHS Foundation Trust Board members.
3. Requested a report providing an update on the review of the Partnership Commissioning Unit functions at the January meeting.
4. Noted that PM would meet with representatives from eMBED to discuss the risk relating to business intelligence and data quality and timeliness.
5. Noted that an Income and Expenditure Balance Sheet report for the three years to the end of 2016-17 to explain the £45.5m cumulative deficit and a medium term financial plan would be presented at the next meeting.

7. Financial Performance Report Month 8

TP referred to the report which advised that the CCG's month 8 financial position remained a £24.1m forecast deficit and that risk to its delivery had increased. The main reason for the higher level of risk related to an additional £600k pressure from the York Teaching Hospital NHS Foundation Trust contract where activity had increased contrary to historical activity levels on which the contract had been based.

TP advised that the prescribing budget continued to underspend although there had been slight movement, the "system ask" for maintaining the £24.1m forecast was now £6.5m.

In respect of the contract negotiation with York Teaching Hospital NHS Foundation Trust TP explained that the current position was the CCG's offer of £184.5m against their request for £193m. She also noted that the CCG was awaiting resolution to c£2m worth of challenges that were still outstanding with York Teaching Hospital NHS Foundation Trust.

In response to concerns raised by members that the report did not explicitly present the deteriorating position within the actual forecast rather than in the risk section, TP

advised that, in agreement with NHS England, the month 9 report would be more detailed in this regard.

PM proposed inclusion of information illustrating cost versus activity in the report to provide a better understanding of the issues faced by the CCG.

With regard to contract challenges with York Teaching Hospital NHS Foundation Trust TP reported an offer of an equal split of the £740k relating to sepsis in response to the Activity Query Notice. TP advised that the CCG was adopting the principle which would be utilised for development of a new service and on this basis the financial impact had not been as intended. She also noted the increase in non elective admissions following implementation of the ambulatory care unit on the same basis. EW suggested implementing "shadow" arrangements for new services in the future.

TP referred to the QIPP report noting that a maximum of £489k had been identified against the £1.6m shortfall. Outpatient activity was being further reviewed for potential areas to address this.

The Committee:

1. Noted the month 8 financial performance report and associated challenges.
2. Noted that further QIPP savings were being sought to address the c£1m shortfall.

5. Finance and Performance Committee Terms of Reference

PM proposed transitional terms of reference for the Committee whilst the CCG was under Legal Directions with a review triggered by removal of the Directions. It was agreed that membership and quoracy would be finalised outside the meeting but that the Committee would continue to be chaired by a Lay member. Whilst the CCG was under Directions the main remit of the Committee would be to oversee financial recovery.

TP agreed to amend the draft terms of reference accordingly and seek JS's views to ensure the scrutiny role was appropriately represented. Discussion later in the meeting also agreed inclusion of procurement in the Committee's remit.

The Committee:

Requested that TP amend the draft terms of reference as above for consideration at the next meeting.

6. Finance and Performance Risk Report

In presenting this item TP highlighted events relating to managing Partnership Commissioning Unit spend, failure to achieve the dementia 67% coding target in General Practice, and failure to achieve the urgent care Constitution four hour A and E target. Associated risks were included in the CCG's coporate risk register and action was being taken to manage the risk.

In response to KR seeking an update on the position regarding Children and Adolescent Mental Health Services waiting times, EW reported that Tees, Esk and Wear Valleys NHS Foundation Trust had now validated the waiting list to a case note level and diagnoses had been confirmed as correct. The pressure related to treatment of children with ADHD (Attention Deficit Hyperactivity Disorder) and the need to ensure plans were in place for their treatment.

Members discussed the format of the risk report and requested inclusion of explanation and clarification on the scoring system for assessment of risk. The Committee required assurance that identified risks were being discussed, addressed and mitigated. A review of the current reporting was required in the context of the new committee structure to ensure appropriate reporting with clarity of Executive Director responsibility, EW agreed to provide feedback to RP on the discussion.

The Committee:

Noted that EW would inform RP of the discussion regarding improving presentation of the report.

9. Contract Report

TP referred to the report which provided information on the CCG's contract position with acute hospitals as at month 7. In respect of the undertrade at Ramsay and Nuffield Hospitals TP explained that this was an activity based contract on national tariff and noted that York Teaching Hospital NHS Foundation Trust sub-contracted to these hospitals.

TP advised that the £141k A and E year to date undertrade related to the Emergency Department Front Door model which was not delivering the forecast savings; the business case was currently being reviewed. Discussion included both the fact that the CCG was investing in a commissioned service but also that this was an opportunity to move financial resources within the system to address one of the patient flow issues.

The Committee:

Noted the Contract Report.

AB and LS joined the meeting

12. Community Podiatry Award Report

In presenting this item LS reported that two bids had been received through the Commuity Podiaty procurement process and approval was sought of the recommendation that Provider A be awarded the contract. She noted that, as this had been a joint procurement with NHS Scarborough and Ryedale CCG, they were also seeking approval for this award.

LS explained that Provider A's bid was within the overall finanical envelope set for the procurement. It would release a QIPP efficiency of £393,268 pro rata from 1 May in 2017-18 with recurrent savings of £418,457 per annum based on current funding values for existing services. The contract would be managed by NHS Scarborough and Ryedale.

LS explained that Provider A had provided assurance that low level activity, i.e.relating to prevention and self management, would be managed with other organisations. She also noted that there were no concerns regarding mobilisation and advised that, following approval by both CCGs, the routine Alcatel Period would be implemented. If there was no challenge in this time the tender award would be 24 January with mobilisation between February and April for services to "go live" on 1 May 2017.

AB advised that she had been present throughout the procurement porcess and could assure members in this regard. Members noted the potential for future joint procurements to be undertaken.

It was agreed that the process for future procurements should include presentation at the Finance and Performance Committee as the challenge from Lay Members enhanced the robustness of the process.

The Committee:

1. Approved the recommendation of award as outlined in the report to Provider A.
2. Agreed that procurement be included in the terms of reference.

AB and LS left the meeting; KR and TP also left the meeting

10. Performance Report

In presenting this report EW noted that a number of areas had been discussed at previous agenda items.

Discussion ensued on concern about the format of the report highlighting the need for the information to be explicit in terms of mitigating actions, timescales and responsibility, with an Executive Director named for each area. If constraints on progress were due to the system or to another organisation this should be clearly identified.

Members discussed the summary information noting that:

- Emergency Department performance was monitored through the A and E Delivery Board but that accountability from the CCG perspective was with PM and AP who attended these meetings.

- Out of hours performance was monitored through the contract management process. AP added that, although performance against the two hour target for urgent face to face consultations had been achieved for the first time in year, he was discussing with Brian McGregor, Clinical Director, GPs concerns that there were occasions, such as in cases of palliative care, where this target timescale was not felt to be appropriate.

- JH would be the Executive Director with accountability for the CCG for referral to treatment performance.

- Dr Dan Cottingham was the GP clinical lead for cancer; confirmation of the executive lead was required.

- EW was the executive lead for dementia and improving access to psychological therapies (IAPT). In respect of the former the £7k additional funding from NHS England was being used to support additional coding of dementia in primary care. Louise Barker (LB) was working with the Practices where there was the greatest potential to increase the level of primary care coding. PM requested that the CCG's GP Clinical Leads be asked to support LB in this work with the aim of achieving the requisite additional 10% diagnosis level and at the same time discussing other areas with Practices. Additionally, Tees, Esk and Wear Valleys NHS Foundation Trust was being asked to provide lists of patients with confirmed dementia diagnosis to request GPs record on this basis. EW agreed to arrange for comparative performance data from NHS Harrogate and Rural District CCG to be sought.

With regard to IAPT EW reported that data provided after publication of the report showed an improvement in recovery rates to between 45% and 46% against the planned trajectory of 47% and national target of 50%. She reported that, although Tees, Esk and Wear Valleys NHS Foundation Trust was planning to undertake further work to maintain the improving position, delivery of the target remained a challenge for the end of March.

The Committee:

1. Requested that the format of the report be enhanced to include explicit information in terms of mitigating actions, timescales and responsibility.
2. Noted the information and ongoing issues.
3. Requested in respect of primary care dementia coding that the CCG's GP Clinical Leads support LB in working towards achieving the target and that EW arrange for comparative data from NHS Harrogate and Rural District CCG be sought in this regard.

11. NHS England's *A Menu of Opportunities*

FB reported that the *Menu of Opportunities* had been circulated to the Innovation and Improvement Team. She advised that the CCG had already systematically reviewed all benchmarking but the document would be considered to confirm that all opportunities had been identified. FB agreed to bring an update to the January meeting of the Committee.

The Committee:

Requested an update at the January meeting on the CCG's QIPP proposals providing assurance that opportunities summarised in *A Menu of Opportunities* had been considered.

14. Clinical Executive Report: Progress with RightCare areas including engagement plan

AP reported that the CCG was focusing on three areas of RightCare: Gastrointestinal, Cardiovascular and MSK.

Gastrointestinal Disorders

AP noted that the gastrointestinal workstream comprised three key areas:

- York Teaching Hospital NHS Foundation Trust where too many diagnostic endoscopies and colonoscopies were being carried out for the CCG's population, particularly for women under 40. The CCG was working with the management and clinical leadership teams of the General Surgery Directorate and Acute and General Medicine as the predominant users of the Endoscopy Unit to improve pathways, improve consistency of internal referrals and decision making, and concentrate activity on clinically appropriate use. Regular joint meetings with the departments were planned for the New Year to agree actions and reduce unnecessary activity.

- In respect of Primary Care, guidelines for gastro-oesophageal reflux disease and dyspepsia had been rewritten to assist reducing the number of General Practice referrals.

- The Medicines Management Team was reviewing existing prescribing practice with a view to implementing new guidance by the end of the financial year. There was a potential c£85k saving across the CCG through switching from branded to generic drugs.

Cardiovascular Disease

AP advised that the main areas for improvement in cardiovascular disease had been identified as primary care prevention, unplanned admissions for heart disease and stroke, opportunities with cardiology procedures and reducing length of hospital stay. A number of initiatives were taking place with primary care including development of a business case for a population wide approach to optimise cholesterol management. AP emphasised the need for behavioural change to achieve a potential c£280k savings.

MSK

AP reported that a GP MSK education event had been held in November and a further event was being planned for early in the New Year. The service specification and key performance indicators were currently being finalised with York Teaching Hospital NHS Foundation Trust and meetings were taking place to agree the financial model. Recommendations from the MSK Programme Board meeting on 6 December had been signed off by the Clinical Executive.

AP assured members that work was progressing on all three of these RightCare areas but noted that investment would be required in the longer term for cardiovascular disease.

FB explained that the CCG and York Teaching Hospital NHS Foundation Trust had established joint project groups for all three areas and that this approach was working well. The initial aim was to identify waste in the system.

Members discussed the potential c£4m savings identified in respect of orthopaedics noting that the overall cost to the system was too high and all activity should go through the MSK service. Discussion also included the context of a collaborative commissioning model across primary care and potential indicative budgets.

In response to SP requesting a detailed plan for the three RightCare areas of work, FB advised that there was a detailed project plan, including named management and clinical leads, and a plan on a page for each. She agreed to provide an update on progress with the areas for the next meeting but highlighted that change in working practice was required and this would take time.

The Committee:

1. Noted the update.
2. Requested a detailed progress report from Clinical Executive on gastrointestinal disorders, cardiovascular disease and MSK for the next meeting.

13. Primary Care Rebate Scheme Decision Forms

Prior to leaving the meeting TP had confirmed she had reviewed the forms which were presented as part of the agreed process. She was content that they be approved by the Committee. SP expressed confidence in the process.

The Committee:

Approved Primary Care Rebate Decision Forms relating to MMT Codes 7,10,11,12 and 13.

15. Key Messages to the Governing Body

- The Committee received and approved, as a work in progress, the Financial Plan 2017-19. It identified considerable challenge in the delivery of QIPP, in particular within the context of the wider health economy, and welcomed the support of NHS England and NHS Improvement in creating the plan. The CCG needed to create a strong medium term plan to work towards balance for presentation to the Committee in the New Year.

- The Committee approved the Community Podiatry Award for final approval by the Governing Body on 5 January 2017.

- The Committee supported strengthening of the Performance Report in terms of delivery and clarity of responsibility, including named executive leads.

The Committee:

Agreed the above would be highlighted by the Committee Chairman to the Governing Body.

16. Next meeting

26 January 2017, 9am to 2pm.

In concluding the meeting DB requested that all members raise matters for inclusion on future agendas.

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP FINANCE AND PERFORMANCE COMMITTEE

SCHEDULE OF MATTERS ARISING/DECISIONS TAKEN ON 22 DECEMBER 2016 AND CARRIED FORWARD FROM THE PREVIOUS MEETING

Reference	Meeting Date	Item	Description	Responsible Officer	Action Completed/ Due to be Completed by (as applicable)
QF61	22 September 2016 20 October 2016 24 November 2016	Quality and Performance Intelligence Report	• Report from the York Contract Management Board following its review of the Ambulatory Care Unit activity.	TP	20 October 2016 Report to go to the new Finance and Performance Committee Ongoing
QF63	20 October 2016 24 November 2016	QIPP Report	• Clinical Executive to review progress with Community Diabetes and prepare a bid for submission to NHS England against available funding following review by Senior Management Team • Clinical Executive to present a report on progress with RightCare areas including engagement plan	AP AP	November 2016 Ongoing Deferred to 22 December meeting Further report 26 January 2017 meeting

			• Procedures of Limited Clinical Value / Clinical Thresholds communications plan for 1 December implementation	MA-M, MC,SOC	Implementation delayed to January 2017
QF66	20 October 2016	Corporate Risk Report	• Report on public/patient engagement in service developments	RP	Proposal to be considered by February meeting of the Quality and Patient Experience Committee
F&P02	24 November 2016 22 December 2016	Draft Terms of Reference	• Amendments to be made for further consideration at the next meeting • Transitional terms of reference to be drafted for consideration at the next meeting	PM TP	22 December 2016 26 January 2017
F&P03	22 December 2016	Financial Plan 2017-19	• Engagement with York Teaching Hospital NHS Foundation Trust Board members to be considered • Update on review of the Partnership Commissioning Unit functions • PM to meet with representatives from eMBED to discuss the risk relating to business intelligence and data quality and timeliness	All PM PM	26 January 2017 26 January 2017

			• Income and Expenditure Balance Sheet report for the three years to the end of 2016-17	TP	26 January 2017
F&P04	22 December 2016	NHS England's *A Menu of Opportunities*	• Update providing assurance that opportunities summarised in *A Menu of Opportunities* had been considered	FB	26 January 2017