

DRAFT

Minutes of the Public Section of the NHS Calderdale Clinical Commissioning Group Additional Governing Body Meeting held on 12 March 2015, 2pm at The Shay Stadium, Shaw Hill, Halifax

Present	Dr Alan Brook	CCG Chair (and Chair of the meeting)
	David Longstaff	Lay Member and Deputy Chair
	Dr Majid Azeb	GP Member
	Dr Caroline Taylor	GP Member
	Dr Hazel Carsley	GP Member
	Dr Steven Cleasby	GP Member
	Kate Smyth	Lay Member (Patient and Public Involvement)
	Dr Nigel Taylor	GP Member
	Julie Lawreniuk	Chief Finance Officer
	Dr Matt Walsh	Chief Officer
	Dr Rajesh Phatak	Secondary Care Specialist
	Jackie Bird	Registered Nurse
Invitees		
	John Mallalieu	Lay Advisor to the Governing Body
	Penny Woodhead	Head of Quality
In attendance	Debbie Graham	Head of Service Improvement (<i>for item 24/15</i>)
	Judith Salter	Corporate and Governance Manager
	Helen Robinson	Corporate and Governance Officer (minutes)
	Plus 3 members of the public.	

20/15 APOLOGIES FOR ABSENCE

Apologies were received from Bev Maybury, Director of Adults, Health & Social Care (Calderdale MBC), Dr John Taylor, GP Member and Paul Butcher, Director of Public Health (Calderdale Council).

21/15 DECLARATIONS OF INTEREST

There were no declarations of interest.

22/15 QUESTIONS FROM THE PUBLIC

The Chair addressed the questions that had been submitted.

Jenny Shepherd (Upper Calder Valley Plain Speaker):

The Chair reported that the Governing Body had received a question regarding the wheelchair service. As this question did not relate to an item on the agenda, a written response would be provided.

DECISION

Response to the question raised to be provided within 20 working days.

ACTION

23/15 FINANCIAL PLAN AND BUDGETS

The Chief Finance Officer presented the financial plan for 2015/16 and talked through the key messages included within it. The Standing Financial Instructions and Standing Orders specify that the Governing Body must sign off the plan and budget in March, which was why an additional Governing Body meeting had been called.

For 2015/16 the CCG will receive a baseline allocation of £263.6m, with growth of 1.4% which equates to an uplift of £3.7m. It was noted that this was the lowest level of growth nationally due to Calderdale's distance from its target allocation. Other CCGs will have received a higher percent of uplift for 2015/16.

The CCG will also receive an additional allocation of recurrent systems resilience money (£1.4m) which replaces winter funding received in 14/15. The suggestion was that the Systems Resilience Group will manage that money, along with the £1.5m that Greater Huddersfield have received, and take a systems view on how the money is spent.

The plan assumes that the CCG receives 50% of the Quality Premium funding to spend on quality initiatives.

From NHS England the CCG would get an allocation of £4.2m towards the Better Care Fund (BCF).

Changes to the National Tariff were reportedly making it riskier in agreeing contracts with the CCG's providers, and although the National Tariff options were largely known, this had not yet been modelled through contracts. The CCG had assumed that the additional tariff would cost £0.5m and has assumed that an additional allocation will be received, this has not yet been confirmed by NHS England.

The surplus of £7.1m from 2014/15 had been brought back in to the 2015/16 plan.

The plan includes a total of £281m to spend in 2015/16.

The majority of this money would be spent through contracts, with a list of

budgets adding up to £246.2m. The CCG then pays the inflation, the efficiency and the demographic growth (which includes £1.7m prescribing growth). There is a challenge for providers in meeting the efficiency savings of £6.8m, which was playing out in the contract negotiations for 2015/16.

The recurrent pressure/savings brought forward shows spend during 2014/15 has largely matched the budgets set for that year.

The pre-commitments detail where funding has been allocated through decisions made in 2014/15, such as in the areas of respiratory and Learning Disabilities spend.

The investment column shows how money received in to the CCG will be allocated, such as the Quality Premium and Systems Resilience monies.

The CCG has agreed a contingency of £2.7m i.e. 1% for 2015/16.

The CCG has also set a requirement to save £4m through Quality, Innovation, Productivity and Prevention Schemes (QIPP), of which £2m would need to be cash releasing.

This would leave £1.9m still to invest non-recurrently.

Attention was drawn to the main risks detailed in the plan for 2015/16 under section 9.0.

Appendix 2 showed how the £274m was turned into a set of budgets across the services. The running cost budgets in Appendix 3 showed the separate pot of money that the CCG received for running costs. The amount has dropped by £500k in 2015/16 from that allocated in 2014/15.

A GP Member asked about having a fixed cash contract with the acute Trust, and a discussion took place about risks associated with this. The same GP member also highlighted that the Systems Resilience money, although recurrent, is less than that received in 2014/15.

The Chief Officer asked how Primary Medical Services were expressed in terms of the financial plan, but as the budgets have not yet been delegated to the CCG they were not currently showing on the plan.

A question was raised regarding Specialised Commissioning and any associated risks, and the Chief Finance Officer confirmed that the budgets would be held by NHS England for 2015/16 and the risks held financially by them, at least for 2015/16.

The Chief Officer requested clarification around what the CCG was 'banking' for future use. The Chief Finance Officer confirmed that the CCG had £6.4m 'in the bank', in reserve for future years.

The CCG Chair queried the £1.2m of the BCF which was dependent on achieving the reduction in emergency admissions. It had been established

that the money would return to the CCG in the event that the target wasn't met.

DECISION:

That the Governing Body approve the 2015/16 financial plan and associated running and program cost budgets.

24/15 DRAFT ONE YEAR OPERATIONAL PLAN (2015/16) - UPDATE

The Head of Service Improvement provided the Governing Body with an update on how the One Year Plan had been developed. The Plan described the CCG's business for 2015/16 and served to assure NHS England that the CCG had robust processes in place and that it was prioritising the right business for the coming year.

The Plan was set firmly in the context of the CCG's 5 year plan which was developed in 2014, and in developing the plan the CCG had re-tested the original priorities identified. The approach also made sure that the Plan linked in with all the other work that was ongoing in the CCG, particularly the work with Calderdale Metropolitan Borough Council around the Better Care Fund.

The 11 key elements of the plan were highlighted. Two areas within the Content table had been strengthened since the paper was written. The Chief Officer was pleased to inform the Governing Body about the successful Vanguard bid, as part of point 6 – Our Compelling Story. Following a recent presentation on the work done to date on Care Closer to Home and the journey around strengthening the ability of the system to meet our patient's needs in a new and transformational way, Calderdale had been selected as a Vanguard site. The CCG was waiting for clarity on how participation in the programme would work and precisely what new opportunities would be opened up. 2015/16 will be a year of accelerated change in the system, with Vanguard giving the CCG more momentum and opportunity. Within that context of change, the Chief Officer made it clear that the CCG needed to continue to engage with the population, with providers, and formally consult when it was the right time to do so.

The draft Plan had been submitted to NHS England for feedback, and would also be taken to the Health & Wellbeing Board. The work in the Plan would be monitored through the CCG's governance process with reports to the various sub-committees and Governing Body.

It was agreed that communication with the CCG's members needed to be added to the next steps, in order to take them with the CCG on the journey.

The Chair proposed adding acute kidney injury (AKI) to the clinical priorities, however it was felt that this was included as part of the existing priority of cardiovascular disease.

The Registered Nurse suggested that the section on Quality be updated to reflect live national reports as they come out, such as the Morecambe Bay report and the Freedom to Speak Up report by Francis.

It was confirmed that the CCG was sighted on such national reports, but that 'national reports for learning' would be added to this section.

ACTION

DECISION

That the Governing Body:

- 1. Noted the update provided on development of the draft One Year Operational Plan and next steps.**
- 2. Noted that monitoring of progress would take place through established governance arrangements, particularly; Quality, Finance, Contracting and Performance reports provided routinely at Governing Body meetings.**

25/15 DATE AND TIME OF NEXT MEETING

Thursday 9 April 2015, 2-5pm, The Shay Stadium, Halifax

Clinical Commissioning Group Governing Body Meeting 12 March 2015 – Action Sheet

Report name	Minute No.	Action required	Lead	Current status	Comments/ Completion Date
Chief Officer's Report	5/15	Feedback from December's workshop on the Strategic Review of Acute Paediatric Services to be shared with Governing Body when received	Matt Walsh		
Quality and safety report and quality dashboard	14/15	Re: the transition of the Tier 3 service (CAMHS). Check the timescales originally set for a paper on the learning following a procurement process.	Martin Pursey		
Key Messages for Member Practices	17/15	Key messages to the practices following the meeting included: (1) One page summary of the Sustainability Development Management Plan, and how the CCG plans to engage practices with the work. (3) Summary of the Public Sector Equality report. (4) OD strategy and the connection with HPMO.	Judith Salter Penny Woodhead Debbie Robinson	Underway	
Questions from the public	22/15	Response to the question raised (Wheelchair services) to be provided within 20 working days.	Judith Salter	Underway	Deadline 10 April 2015
Financial Plan and budgets	23/15	Report from Finance & Performance Committee to return to Governing Body re: contract discussions with CHFT	Julie Lawreniuk		
Draft one year operational plan (2015/16) - Update	24/15	National reports for learning to be added to the section on Quality	Debbie Graham		

