

**CCG NHS TAMESIDE & GLOSSOP
FINANCE & QIPP ASSURANCE GROUP MINUTES
Wednesday 21 October 2020 10.30-12.00
Via Microsoft Teams**

Present: David Swift Lay Member (Chair)
David Milner Assistance Chief Finance Officer
Martin Ashton Associate Director of Commissioning (until 11 am)
Dr Asad Ali Governing Body Co-Chair (until 11am)

In Attendance: Stephen Beswick Senior Finance Business Partner
Liz Sabel Finance Business Partner
Karen Jones Note Taker

1. Welcome and Apologies

Apologies were received from Dr Ashwin Ramachandra, Kathy Roe, Tracey Simpson, Tom Wilkinson, Beverley Stephens, Judith Stevens, Councillor Oliver Ryan, Gill Gibson, and Jessica Williams.

2. Declaration of Interests/Quoracy

The Chair **noted** that there were no further declarations of interest made over and above those already formally notified to the CCG.

Name	Position Held	Declared Interest			Action to Mitigate Risk
		Type of Interest	Nature of the Interest	Dates of Interest From / Until	
None Declared					

The Chair **further noted** that the meeting was quorate in line with the Terms of Reference until 11.00am where Dr Asad Ali and Martin Ashton had to leave the meeting. After 11.00am reports were for information and assurance – no decision making was required.

3. Minutes of previous meeting held on 23 September 2020

The minutes were agreed as a true and accurate reflection of the meeting held on 23 September 2020.

4. Matters Arising/Action Log

All outstanding matters arising, as highlighted in the action log are currently held due to the current situation with the coronavirus pandemic.

5. Economy Finance Report

The group received the Integrated Financial Position Report for the period ending 30 September 2020 (Month 6). Two reports presented today; Appendix 1 provides an overview of financial position and Appendix 2 provides more in depth analysis at Month 6 across the CCG and Council.

CCG

SB presented the Economy Finance report information for the CCG. Command and Control finance regime was extended to the end of September.

- T&G CCG are reporting a breakeven position with YTD spend of £214m at Month 6 and YTD COVID related costs of £10.8m, which have been reclaimed from the centre in line with guidance.
- New guidance and financial regime has now been issued for Months 7-12, with financial envelopes in place at an STP level. Ongoing discussions continue across GM on how to manage the financial gap that exists within the system.
- The CCG allocation for Month 7-12 is £211.4m which will leave a gap of £2.3m at year end. Through the Phase 3 Recovery work the CCG has completed a detailed forecast of all areas in order to minimise this gap.
- Reporting continues via ISFE, we are working through the new guidance, simplified payments for NHS block contracts have been retained and continue as per months 1-6 for the remainder the financial year. DS noted that a lot of QIPP has been removed and does this have an effect on main contracts with main providers? SB confirmed that QIPP will not be possible with NHS providers. It was confirmed by SB for DS that the CCG are still aiming for £8m QIPP.
- COVID – YTD spend reduced by £600k versus the forecast at M5, due to the reduction in the number of HDP packages of care, patients have now been assessed and moved onto to longer term care arrangements. National funding remains available to support this process.
- In Month 6 expected spend was £226m, further adjustments have been made and any growth in IS is within a separate funding stream, reserves have been to a bare minimum to support GM level, the initial gap was £19m but we have managed to reduce this to £2.3m. SB noted that within this there remains risk that include prescribing, CHC and winter pressures.
- MA enquired that if we are now back to making adjustments can any decisions be made about investments? DM informed that the reality of the budget situation and the position across GM is stretched, there is no formal rule but the reality of situation is that there is no extra money to spend on other things. MA enquired about the ongoing discussions about implementing virtual covid wards, what if this incurs extra costs? DM informed that there is nothing in our position or operational contingency, there is nothing available unless some additional national funding is received.

Council

The Economy Finance report provided the information for the council.

- The council is overspending by £3.7m YTD. This is in line with forecasts last month with a £10k adverse movement overall.
- Children's Services – reporting an adverse movement of £1.3m compared to what was reported at Month 5, taking the forecast over by £4m against plan. A change in forecasting methodology for externally commissioned placements has resulted in an increase of £425k. DS requested further assurance in this matter – that the Chief Finance Officer, Kathy Roe is fully informed and sighted on this change, SB agreed to check.

- Adults – favourable movement of £1.5m since last month due to residential and nursing placements that are normally funded by the council being funded by the NHS via COVID funds. A phased approach is now taking place through to March to transition back to the council.
- Governance – adverse movement of 0.4m following mid-year review of housing benefit subsidy claim form, there has been a rise in net expenditure of £0.3m and recovery of overpayment of housing benefit is forecast to be £0.5m less than previous years.
- DS queried Growth Budget Variations - £75k contribution from the CCG towards a designated post within the Estates Service. DM informed this is an agency post and is expensive however the person has been completing work around the COVID response and the monies have been claimed from there. The CCG claimed the cost and repaid this to the council. This has now finished and the cost of this post remains a question for the Estates Service, this is a joint service but there is nothing in the CCG budget to fund this. It is now up to the Estates Manager to find a recurrent solution.

ICFT

As per report provided, up to £2m claimed to break even, £500k adverse movement this month. The trust has also had to complete the same exercise as the CCG to reduce their position as part of the GM Phase 3 Recovery. Any additional costs will need to be fully justified, the GM envelope must balance.

The Economy Finance Report was accepted by the Finance and QIPP Assurance Group members.

MA and AA left the meeting

6. COVID 19 Spend Update

The claim has reduced relative to the forecast at M5 as the number of hospital discharges is beginning to decrease as people are assessed and moved onto long term placements.

The second Silver Cloud invoice (mental health resilience programme)—has been removed from the COVID claim, but has instead been paid from baseline budgets.

Quite a lot of movement between various primary care categories as a generic forecast is replaced by actual claims in more specific categories. This includes £73k for Bank Holidays - retrospective claims from practices for the Easter and May Bank Holidays. There was some lateness of claims but all supporting information has now been provided, all claims have been received, no further claims will be valid and DM is not aware of anything outstanding, LS also confirmed that all claims have now been made. DS requested that it is ensured all claims have been made.

DS enquired if we have been refunded everything claimed for? DM informed that all claims have been fully received up to the end of August and we expect to receive everything claimed for in September, will be a retrospective audit. DS requested that assurance is provided at the next FQAG meeting that all monies claimed for in September have been received.

DM informed that this will be last COVID 19 Spend Update Report as this system of claiming costs ends. The process will continue for the Hospital Discharge Programme (HDP) but this will be reported back to FQAG in a different way, this is the only cost that will remain claimable.

The Final Planning Submission will be submitted tomorrow after that budgets will be uploaded.

The COVID 19 Spend Update Report was accepted by the Finance and QIPP Assurance Group members.

7. Phase 3 Planning: Financial Position

The report provided was in line with position on Friday 16 October however there has been a number of changes since papers were published. Discussion on how T&G current financial position of breakeven months 7-12:

On 2 October a position was submitted to GM which showed T&G had a financial gap of £19m in the second half of 20/21. When all CCGs across GM were added together the gap was £300m in total, the scale was huge and GM was an outlier. All GM CCGs were challenged to resubmit with improved positions by 16 October.

On 16th October T&G has reduced the gap to £2.3m with notification received yesterday that some of the GM growth money could be used in T&G. This means that T&G will be presenting a breakeven position in the formal STP return on 22nd October. But noted that there are significant risks attached in achieving this, as there is no room in budgets to absorb any pressures which materialise in the coming months.

Command and Control regime ended at Month 6. Top up and COVID funding has been received up to the end of Month 5 and fully expect to receive the Month 6 top-ups applied for. Moving forward this system of top-ups has come to an end and the only thing we can apply for outside the envelope relates to the Hospital Discharge Programme.

DM talked through a waterfall chart explaining the changes since the 2nd October position. DS noted the reduction in IS and queried if this has been taken from contracts. DM informed that earlier assumption were based on a full year of activity being squeezed into the last six months of the year as we sought to drive down backlogs and meet 18 week targets. IS contracts are charged on a cost and volume basis and while there is absolutely built up demand which needs addressing, there is a capacity constraint which means the previous forecast was unrealistically high. The forecast was further reduced after checking the guidance carefully, as an element of activity over and above the M4 run rate will be picked up nationally. SB informed that this has all be discussed fully and developed with the Commissioning Manager.

COVID spend was £300k per month but we have now been instructed to take this all out. PPE is now allocated from a national portal and the council are completing Test and Trace therefore there will be no spend for this for the CCG. Family Intervention and GMTF will now be funded by GM and is included in the 22 October plan. HDP has reduced in line with discussions with MW and will be refunded on an evidence basis, nationally funded. Other things were removed from the plan as they are being funded externally.

T&G CCG allocation of £214m with GM funding the gap, GM increased the funding envelope to what is required to breakeven.

DS noted that biggest driver was the £8m QIPP, DM confirmed this is a significant risk, as are prescribing CAT M prices and CHC. Primary Care may also become a risk if there are further waves of COVID as the plan assumes zero COVID spend in primary care, despite the fact we spent £800k in the first half of the year.

DS stated that while he was happy with the submission, he is also acknowledging that the QIPP target and the assumed reduction in CHC provide us with a mountain to climb.

The Phase 3 Planning: Financial Position Report was received and accepted by Finance and QIPP Assurance Group members.

8. Chair Approved Chief Finance Officers Minutes

Minutes from the Chief Finance Officers meetings on 26 August 2020 and 9 September 2020 were received by the group.

9. Any Other Business

No further business noted.

10. Date and Time of Next Meeting

The next meeting will take place on Wednesday 25 November 10:30am – 12.00pm via Microsoft Teams