

MINUTES

NHS Bolton Clinical Commissioning Group Board Meeting

Date: 26th January 2018

Time: 9.30am

Venue: The Bevan Room, 2nd Floor, St Peters House, Silverwell Street, Bolton

Present:

Wirin Bhatiani	Chair
Tony Ward	Lay Member, Governance
Su Long	Chief Officer
Ian Boyle	Chief Finance Officer
Alan Stephenson	Lay Member
Zieda Ali	Lay Member, Public Engagement
Stephen Liversedge	Clinical Director, Primary Care & Health Improvement
Jane Bradford	Clinical Director, Governance and Safety
Shri-Kant	GP Board Member
Charles Hendy	GP Board Member
Tarek Bakht	GP Board Member
Dharmesh Mistry	GP Board Member
David Herne	Director of Public Health, Bolton LA

In attendance:

Melissa Laskey	Director of Service Transformation
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Minutes by:

Joanne Taylor	Board Secretary
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Minute No.	Topic
1/18	<p><u>Apologies for absence</u> Apologies for absence were received from:-</p> <ul style="list-style-type: none"> • Barry Silvert, Clinical Director, Commissioning. • Romesh Gupta, Secondary Care Specialist Member.
2/18	<p><u>Introductions and Chair's Update</u> Board members introduced themselves. There were 9 members of the public in attendance at the meeting.</p> <p>The Chair updated the Board on the meeting held with Mrs Howarth and members of the group on 5th January 2018 where Su Long and Wirin Bhatiani had a good discussion with the group on Healthier Together and the NHS. The group also presented the CCG with a folder of signatories (1443) from Bolton residents expressing their concerns on plans to close beds both in Bolton and Wigan, asking that this decision be reconsidered in light of the capacity problems at both hospitals. The Chair reiterated the messages that resource is currently not meeting demand and that the CCG believe hospital beds are not necessarily the right place for some people, but at the same time, there is the need to ensure beds are available when these are needed.</p> <p>The Chair also reported on the current winter pressures due to the severe safety concerns raised about patients being held in ambulances outside A&E for extended periods and on trolleys in hospital corridors without consultant review and the national decision to defer "all</p>

	<p>non-urgent inpatient elective care to free up capacity for our sickest patients”. In addition, it was advised day-case procedures and routine follow-up and outpatient appointments should also be deferred or dealt with in different ways, but only if this would release clinical time for urgent care. It was noted that Bolton FT did cancel elective inpatient cases, but not those that were urgent or for cancer and the FT did not cancel the majority of daycase or outpatient appointments.</p> <p>The Chair empathised on the impact this is having on patients due to the postponement of some procedures. The Chair confirmed that the Board will be reviewing in detail the considered approach being taken in Bolton within the CCG Corporate Performance report to review the impact further. It was noted that publicity materials, in particular on the flu campaign which the CCG has been working hard to get the messages across the community since October 2017, have been distributed at today’s meeting. The main message being it is still not too late to have your flu jab.</p>
3/18	<p><u>Questions/Comments from the Public on any item on the agenda</u></p> <p>Mrs Howarth raised a question in relation to the Business Case for Healthier Together, which was presented to the August 2017 board meeting and highlighted the four groups of emergency patients for which new local care pathways have been designed. Mrs Howarth stated that the public are being told that rather than being admitted to Royal Bolton Hospital (which will be smaller) some patients with chest pain, shortage of breath, extremity fractures and headache will have alternatives to admission, ambulatory care or hot clinic.</p> <p>Mrs Howarth asked if the CCG can detail the workforce who will provide healthcare to these patients firstly, in the hospital and secondly, when they are sent home instead of being admitted, and how their safety, health and wellbeing will be protected especially if they live alone. Mrs Howarth also asked if the CCG can detail what happens if their health deteriorates.</p> <p>Karen Reissman also raised further questions with regard to the Locality Plan and the Integrated Care Organisation and asked what involvement has a private enterprise or social enterprise company got in Bolton’s Integrated Care Organisation and what involvement has the voluntary sector in the Organisation and what is the legislation under which the commissioning powers of CCGs and Local Authorities may be transferred to the Integrated Care Organisation. Karen Reissman also stated that page 52 of the Locality Plan states which commissioning activities will be carried out by the commissioners, which will be shared and which will be transferred to the provider and asked how will the Integrated Care Organisation be accountable to taxpayers and the public and if meetings will be held in public and will the public be able to ask questions. Karen also highlighted the recent national announcement on the public consultation on Accountable Care Organisations and questioned what the impact is in Bolton.</p> <p>The Chair agreed that as the questions related to topics on the agenda, the questions raised will be considered under the relevant agenda items at the meeting.</p>
4/18	<p><u>Declarations of Interest in Items on the Agenda</u></p> <p>GP Board Members and Clinical Directors declared an interest in the item on the agenda on the Bolton Quality Contract Update on changes to the 2018/19 Contract. It was noted that this item was for information and no decision required.</p> <p>The Board noted that on-going declarations of interest stood for every Board meeting and were publicised on the CCG’s website.</p>

5/18	<p><u>Minutes of the Meeting previously agreed by the Board and Action Log from 24th November 2017 meeting</u></p> <p>It was noted that most of the outstanding actions were now complete.</p> <p>The Minutes were agreed as an accurate record and the updates to the action log noted.</p>
6/18	<p><u>Patient Story</u></p> <p>This month's patient story focuses on a patient who would like to share her story about the cervical screening service and the importance of having this screening. This patient had a positive experience and the Board recognised the important role in primary care in encouraging patients to attend for screening.</p> <p>Members noted the challenges in this arena, however it was noted that figures are showing Bolton's uptake is improving against the national average.</p> <p>Members also noted the media recently regarding uptake of cervical screening for young people and Bolton News' offer to promote uptake locally. It was reported that all Bolton practices offer this service and practice nurses are highly trained to carry out the procedure.</p> <p>The Board noted the patient story.</p>
7/18	<p><u>Healthier Together Finances – Update on Chair's Actions</u></p> <p>The Board was updated on discussions held at the Finance and QIPP Committee where the Committee was updated on the assurance statement which has been signed by the six Chief Finance officers in the North West sector of Greater Manchester (Wigan, Salford and Bolton) regarding the Healthier Together business case. The principles adopted related to use of the Scampion rules in relation to stranded costs as a concept over a three year period by which time they will be managed out of the system.</p> <p>It was noted that the CCG Executive has reviewed and agreed this principle, but requested that the Finance and QIPP Committee review and agree prior to Board approval. It was further reported that Bolton FT Board has not agreed to this sign off due to the possible impact on the FT's future financial position and have requested assurance from NHS Improvement prior to approval. The Committee had noted Bolton FT's position and agreed to recommend to the Chair his approval under Chair's actions due to the timings of meetings, and that the outcome be reported to the January board meeting.</p> <p>It was reported that Bolton FT board has now agreed to sign the statement.</p> <p>The Board approved the actions undertaken by the Chair with regard to the Healthier Together Finances.</p>
8/18	<p><u>Locality Plan Quarterly Report</u></p> <p>The report provided the Board with an update on progress to date on the Bolton Locality Plan and Transformation Fund for quarter 3 of year 2.</p> <p>The report for Quarter 3 provides an overview on project delivery and key highlights and risks. The main highlights noted related to the development of a vision and principles for integrated commissioning, development of the neighbourhood leadership model and governance, 30 practices have now gone live with the Bolton Care record covering 72% of the population, the successes of the NESTA "100 day challenge" to empower staff to make service improvements in frailty and end of life care with a focus on people centred outcomes, with a further roll out of this work as part of the neighbourhood development programme.</p>

It was further noted that the ophthalmology service has now gone live in November 2017 to offer approximately 2,300 more appointments for patients requiring long term follow up. The Care Homes excellence programme is also now fully established to improve resident wellbeing in care homes. Immedicare (telehealth support to care homes) is also now live providing care homes with virtual access to a GP and a local enhanced service for enhanced primary care to care homes has been agreed so that 84% of care homes have an allocated single link GP practice. Community mental health practitioners have also been recruited to provide further support to care homes.

There are a number of significant risks to delivery of the Locality Plan and system sustainability. The main risks highlighted related to insufficient resources from the GM Transformation Fund, including the remaining financial gap in year 4, insufficient digital funds to support the scale of the transformation required, unsustainable increases in activity and pressures across health and social care in particular acute and social services. An evaluation of all schemes has now commenced to review the impact of each scheme and how programmes can be financially sustained at the end of the Transformation Fund.

A number of other schemes recently approved were highlighted to the Board and detailed in section 4 of the report. Members noted the key piece of work is the evaluation of all schemes to take remedial action as appropriate and the Health and Wellbeing Executive continue to review and make decisions on the evaluations undertaken on all schemes.

Further to the questions raised at the beginning of the meeting, the Chief Officer responded to the questions raised by Karen Reissman on developing Integrated Care Organisations. It was noted that Bolton has had no involvement to date with any private companies. Joining care is the right thing to do, staff working for one team in health and care is also right to do, but Bolton has not developed any structure, organisation or governance regarding this. This is more around encouraging teams to work together and examples of this is around the work developing on the 100 day challenge, intermediate care developments and learning from this rather than creating a new organisational structure. The Chief Officer also reported on discussions being held across community and voluntary sectors to develop further the work in the Locality Plan and Transformation Fund.

With regard to commissioning activities transferring to a provider, Bolton has no clear plans for this kind of change. Discussions are being held across Greater Manchester following the publication of the national commissioning review and locally work is developing with CCG teams linking with providers on areas of redesign, where this is of benefit to the patient. A legal role still remains for commissioning and this will be the case unless legislation changes. Accountability to the taxpayer will need to be worked out as and when any organisation is created. Health and care public services are statutory organisations and set up in a way that is accountable.

With regard to the national consultation on Accountable Care Organisations, Bolton is not at this level and is therefore learning as this process is developed, including listening to the public to take local integration forward. Members were informed of the recent publication from the Kings Fund and the strong emphasis on collaboration and not competition.

Bolton is taking the time to understand the changes required, discussing with staff and the public before any decisions or changes are agreed, reflecting on the commitments made so far to teams in the CCG, Council and FT on looking at working together for the best of the patients, breaking down the barriers that are preventing delivery of integrated care for patients.

Members noted the developments now being seen in the implementation of the Locality Plan but noted the many challenges to implementation of some schemes.

	<p>Members also discussed workforce links with the locality plan, in particular plans to train advanced nurse practitioners and any effects this will have on destabilising the existing health economy. It was noted that the plans for advanced nurse practitioner is to skill up the nursing workforce year on year to include backfill and support to the services where nurses are being trained. Bolton FT's Director of Nursing is leading on these workforce developments and will be implementing a step needs to this training, reviewing new workforce requirements across health and social care, including work with the university around training a different workforce.</p> <p>It is clear that as the locality plan stands, this does not close the gap on future resourcing requirements. There is also a responsibility for the locality that if schemes are not delivering and will not have the required impact, these should not continue. There are limited resources and these need to be spent wisely.</p> <p>The Board noted the update.</p>
10/18	<p><u>Bolton Quality Contract (BQC) – Update on the Changes to the 2018/19 Contract</u></p> <p>The Board was updated on recommendations made by the Primary Care Commissioning Committee (PCCC) at the meeting held on 14th December 2017 when reviewing the proposals for the BQC for 2018/19.</p> <p>The Committee's attention was drawn to the increasing issues around GP workload and sustainability and the need to take into consideration other initiatives to support the workforce further. With this in mind the Committee has agreed to a number of changes to the contract including the continuation of the funding split of 60/40 for a further year, removal of the patient survey measure as a KPI, due to difficulties in timescales for accessing meaningful data at member practice level, however the measure will continue to be monitored without an incentive payment, reduction in some of the mandatory events and a reduction in the number of standards within the contract.</p> <p>It was noted that the reduction in standards does not mean that the CCG is monitoring less. The reduction in standards is around a shift of some standards and KPIs into existing standards.</p> <p>It was also noted that the PCCC Chair has agreed prior to the next meeting of the Committee to move some GP events to support practices at a time when pressure on demand is high. Confirmation will be sent to practices to confirm arrangements. The PCCC Chair has also been asked to consider winter pressures in the primary care setting and how best the CCG can support primary care.</p> <p>The Board noted the decisions made by the Primary Care Commissioning Committee, as outlined in the report, regarding changes to the 2018/19 Bolton Quality Contract.</p>
11/18	<p><u>CCG Corporate Performance Report</u></p> <p>The main exceptions highlighted were:-</p> <ul style="list-style-type: none"> • Elective care pressures, in particular the incomplete performance on the RTT target. Further detail would be presented to the February Board outlining the impact and mitigating actions being taken in this area. Members were informed of the work developing with the CCG planned care team and Bolton FT on the pressure and additional capacity in the system to offer clinically appropriate treatment to patients. • The ongoing pressure in relation to the urgent care system, the impact on the 4 hour A&E target and the commitment to achieve 90% as a minimum target towards end of financial year. • The impact of flu and norovirus on patients and the workforce and the mitigated impact of this.

- Strong performance on cancer targets continues with Bolton being one of the best nationally. The issues previously reported on the underperformance with the symptomatic breast target was noted. This is largely due to the increase in demand from other localities outside the area and workforce issues, which are now being resolved due to recruitment to a number of posts. The assumption is that this target will improve by March 2018.
- Issues on performance against the Locality Plan, in particular on elective day case activity.

Members noted that the report now includes the new performance metric for ambulance performance with two key targets being monitored. The information reported was for August and December and showed comparisons with ambulance providers nationally. However, the report shows poor performance by NWS compared to other ambulance services. The report included actions being mitigated against to recover the position. Members discussed the performance management process of NWS, which is currently managed through the Greater Manchester Health and Social Care Partnership and monitored through Blackpool CCG. Bolton is represented on the monitoring group and is pushing to see a significant improvement in this area.

It was also reported that discussions have been held through the Quality and Performance Committee on the delays being encountered in the symptomatic breast service and from the data received, out of 700 patients, 4 were diagnosed with cancer. This gives some assurance on the numbers being seen rarely are diagnosed with cancer and processes are in place to mitigate against these delays and therefore improvements will be seen. The team is working hard to streamline patients to meet this national target.

Members also discussed the C Difficile figures being reported and discussed if the data highlights the number of cases in the community to see if there are any recurring issues. It was noted that a robust root cause analysis is undertaken on every occasion a case arises.

The Board agreed to highlight in a future performance report benchmarking information on C Difficile cases across Greater Manchester, and locally across the community and acute setting.

Pain Management Services – Performance Update and CCG Executive Recommendation

The report provided the Board with an update on service performance against the pain management service specification key performance indicators for Bolton FT and BMI Beaumont. The report also highlighted the areas where BMI Beaumont is reporting as non-compliant against the service specification, specifically relating to the lack of clinical psychology within the service model.

The CCG Executive reviewed the KPI Performance Reports in January 2018, and noted the non-compliance of BMI Beaumont with the required clinical psychology staffing model. Given the clear requirement within the service specification to include a Clinical Psychologist within the MDT and the incorrect reporting for 12 months from the BMI that this was in place, the CCG Executive has recommended that the CCG Board decommission the Pain Management service at the BMI Beaumont and serve notice on this service within the contract.

The Board considered the report, noting that if notice was to be served, an alternative service providing the clinical psychology element would be put in place and patients currently in the system would be appropriately managed to be in a clinically appropriate and beneficial pathway.

	<p>Members agreed it was evident that one part of the service is clearly not meeting the specification and the provider has been given time to review this specification on a number of occasions.</p> <p>The Board agreed to endorse the CCG Executive’s recommendation to decommission BMI Beaumont Pain Management service.</p>
12/18	<p><u>Report of the Chief Finance Officer including Joint Savings Performance Update Month 9</u></p> <p>In March, the Board received and approved the initial financial plan for 2017/18, to deliver the control total agreed with NHS England of a £60k surplus. This was dependent upon delivery of QIPP savings of £4.2m. The CCG has a historic financial surplus of £8.3m, but in line with NHS England guidance this cannot be spent in year.</p> <p>At Month 9, the CCG is forecasting to fully deliver the £60k control total surplus and fully achieve the QIPP target. The main pressures continue on trend from previous reports. Over performance on acute contracts which remain on a Payment by Results basis is now £3.8m year to date and £4.6m full year forecast. Over performance continues to be analysed and challenged where appropriate. Pressures also continue to be reported in Mental Health out of area, specialist Mental Health placements, Learning Disabilities and Continuing Health Care.</p> <p>These pressures have been partially offset this month with the receipt of Quality Premium Funding and discussions on how to abate these pressures through alternative contracting methodologies have commenced with providers.</p> <p>A separate paper has been developed which details the plans to deliver the Joint Savings Programme for the Bolton health economy. The report combines the CCG QIPP target of £4.2m and the Bolton FT ICIP target of £20.8m, and provides an update on delivery against the plan. This now replaces the CCG QIPP report.</p> <p>The Board noted the discussions held with the Bolton FT Director of Finance and the CCG’s Finance and QIPP Committee regarding the FT’s overspend and the support required from the CCG to ensure delivery of its ICIP target. It was also noted that the CCG Executive is working towards developing joint CIP planning processes with Bolton FT to ensure a more joined up approach and that the CCG is looking to offer the same to the Council to triangulate this approach to drive out further inefficiencies where possible. Members noted again the high costs incurred by Bolton FT regarding agency cover.</p> <p>The Board noted the financial position at Month 9, recognising the level of risk identified and noted the process in place by the Executive and Finance & QIPP Committee to review scenarios on a monthly basis.</p>
13/18	<p><u>Annual Review of Gifts and Hospitality and Declarations of Interest Registers</u></p> <p>In accordance with the CCG’s Conflicts of Interest policy and corporate governance processes, this is the annual report to the Board on the declarations of interest and gifts and hospitality received since the last inspection in January 2017.</p> <p>It was noted that both registers are reviewed quarterly and regularly inspected by the CCG Executive, Audit Committee and Conflicts of Interest Committee and are published on the CCG website.</p> <p>The Board noted the relevant and material interests that have been declared and noted the gifts and hospitalities received from January 2017 to date.</p>

14/18	<p><u>Annual EDHR Strategy and Equality Data Publication</u> The fifth Annual Equality Data Publication was presented to the Board. The report shows the CCG’s commitment to promoting equality and reducing health inequalities, and provides assurance to show that the CCG is fulfilling its responsibilities arising from the Equality Act 2010. This Act requires public bodies to publish appropriate information showing compliance with the Equality Duty on or before 31st January each year.</p> <p>The report evidences how the CCG has taken account of the needs of vulnerable communities, looks at plans to improve the way it commissions services and identifies future areas for development. It also shows the equality progress made since the previous publication in January 2017 to improve the health outcomes of vulnerable groups and to improve their experience of care.</p> <p>The strategy sets out how we the CCG will place equality, diversity and human rights at the centre of its work, ensuring health service users, their carers, and staff will receive equal and fair treatment.</p> <p>It was noted that discussions continue on what more can be done to improve diversity in the workplace and the CCG continues to strive on developing and improving equality and diversity in all areas of its work. Members also highlighted accessing services, such as end of life care, by BME communities and whether there is further work that can be done on supporting patients and carers in BME groups to make them aware of the services available, understanding the cultural differences.</p> <p>The Board approved the publication for publishing on the CCG website.</p>
15/18	<p><u>North West Sector Business Case for new Models of Care – Healthier Together</u> The Healthier Together Business case has been approved by the Greater Manchester Joint Committee. This provides the sector business case to provide assurance on detail of the model of care and case locally for Wigan, Salford and Bolton FTs and CCGs who has recommended Board assurance of ongoing progress.</p> <p>The questions raised earlier in the meeting regarding ambulatory care and the workforce were discussed. The Board had previously received a presentation on ambulatory care and the work developed to speed up diagnostics to agree a diagnostic for a patient in a more responsive way, to avoid inappropriate admission into hospital. It was noted that the CCG continues to work with partners to design how the ambulatory service will work.</p> <p>The Board noted the report. The Board agreed to receive examples/stories of positive experiences on ambulatory care in a future patient story report to the Board.</p>
16/18	<p><u>Health and Wellbeing Board – 20/11/17</u> The Minutes were noted.</p> <p><u>CCG Quality & Safety Committee - 8/11/17 and 13/12/17</u> The Minutes were approved.</p> <p><u>CCG Executive Update – November/December 2017</u> An additional briefing note was tabled outlining the actions undertaken by the CCG Executive in relation to Urology services and the interim arrangements being put in place. It was noted that further joint work is developing on the future design of urology services.</p> <p>The update was noted.</p>

	<p><u>Primary Care Commissioning Committee – 14/12/17</u> The Minutes were approved.</p> <p><u>CCG Finance and QIPP Committee – 24/11/17 and 18/12/17</u> The Minutes were approved.</p>
17/18	<p><u>Any Other Business</u> There was no further business discussed.</p>
18/18	<p><u>Date of Next Meeting</u> It was agreed that the next meeting would be held on <u>Friday 23rd February 2018 at 9.30am</u> in the Bevan Room, 2nd Floor, St Peters House.</p>
19/18	<p><u>Exclusion of the Public</u> The Chair confirmed there were no confidential matters to be discussed and, therefore, the Board meeting was closed.</p>