MINUTES

NHS Bolton Clinical Commissioning Group Board Meeting

Date: **23rd February 2018**

Time: **9.30am**

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

Present:

Alan Stephenson	**Lay Member (in the Chair)**
Tony Ward	**Lay Member, Governance**
Su Long	**Chief Officer**
Ian Boyle	**Chief Finance Officer**
Zieda Ali	**Lay Member, Public Engagement**
Stephen Liversedge	**Clinical Director, Primary Care & Health Improvement**
Barry Silvert	**Clinical Director, Commissioning**
Shri-Kant	**GP Board Member**
Charles Hendy	**GP Board Member**
Tarek Bakht	**GP Board Member**
David Herne	**Director of Public Health, Bolton LA**
Romesh Gupta	**Secondary Care Specialist Member**

Minutes by:

Joanne Taylor	**Board Secretary**

Minute No.	Topic
20/18	**<u>Apologies for absence</u>** Apologies for absence were received from:- • Wirin Bhatiani, Chair. • Jane Bradford, Clinical Director, Governance and Safety. • Dharmesh Mistry, GP Board Member. • Melissa Laskey, Director of Service Transformation.
21/18	**<u>Introductions and Chair's Update</u>** Board members introduced themselves. There were 8 members of the public in attendance at the meeting. The Chair reported that this was Dr Shri-Kant's last board meeting as Dr Shri-Kant is resigning from his GP Board member role at the end of March 2018 and will be on annual leave for the March board meeting. The Chair thanked Dr Shri Kant for his commitment and support as a GP Board member since 2012.
22/18	**<u>Questions/Comments from the Public on any item on the agenda</u>** Mrs Howarth raised a question regarding the vision and the principles of the Local Care Organisation and integrated commissioning. As this was not an item on the agenda, the Chair confirmed that a written response to the questions raised would be sent to Mrs Howarth following the meeting and the reply would be shared with Board members through the minutes from this meeting.

	The Chief Officer summarised by saying that the CCG does have principles regarding integrated commissioning and these. The CCG's main responsibility is to consider both clinical outcomes and the value of the services it provides. **A written response to be sent to the questions raised by Mrs Howarth and appended to the Minutes of this meeting.** **Members were informed that integration will be a substantive item on the next Board agenda.**
23/18	**Declarations of Interest in Items on the Agenda** GP Board Members and Clinical Directors declared an interest in the item on the agenda on the Bolton Quality Contract recommendations from the Primary Care Commissioning Committee. The Board noted that on-going declarations of interest stood for every Board meeting and were publicised on the CCG's website.
24/18	**Minutes of the Meeting previously agreed by the Board and Action Log from 26th January 2018 meeting** It was noted that most of the outstanding actions were now complete. **The Minutes were agreed as an accurate record and the updates to the action log noted.**
25/18	**Patient Story** Following previous board discussions where members had requested sight of examples of patient stories with regard to the ambulatory care unit, this month's patient stories relate to patients who would like to share their experiences when using this service. Clare Williams, from the Ambulatory Care Unit at Bolton FT, also attended to present on the successes of the unit and identified how positive patient experience is important and how these stories demonstrate clinical value and care to patients. Members also noted the innovative ways the unit is dealing with current workforce issues faced across the NHS. Members discussed the first story where the patient appears to have seen more than one clinician and had to repeat their story. It was noted that the unit can now access the Bolton Care Record system and there is more integration with the emergency department electronic system to ensure patients do not have to repeat their story. It was noted that 70% of the Bolton population is now covered by the Bolton Care Record and a series of planned next steps to increase usage further, including further publicity with members of the public, is due to take place. Members also discussed how user friendly the name of the unit is and Clare Williams reported that, following consultation with patients and Health Watch, the unit is being renamed to the Acute Assessment Unit. **The Board noted the patient stories. It was agreed that the clinical presentation detailing further statistical information relating to the unit to be shared with Members and that statistical information will be reported under matters arising at the next meeting.**

26/18	**Integrated Health and Social Care – Pooled Arrangements – Deed of Variation** The report outlined the request to vary the Section 75 between Bolton Council and NHS Bolton Clinical Commissioning Group with the primary purpose of extending the agreement for another year. It was noted that the wording in Section 1.1 of the report should be changed from "pulled" to "pooled". Members queried whether the current agreement would be fit for purpose if further changes were made to the pooled budget arrangements. It was noted that a full legal and governance review would be undertaken if any further changes were agreed. **The Board noted progress made to date in the development of commissioning pooled budget arrangements for the integration of health and social care programme and agreed to delegate authority to the Chief Officer to sign the Section 75 Agreement on behalf of the Board.**
27/18	**GM Policies for Consideration** The Board received an update on the policies that have been through the agreed Greater Manchester Effective Use of Resources governance arrangements and were approved by the AGG on the 9th January 2018, namely:- • Caesarean Section (GM033). • Wide Bore, Open & Open Upright MRI Scanning (GM045). • Correction of Dermatochalasis (GM048) this policy will replace GM047 Correction of Eyelid Ptosis. These policies have already been through a rigorous governance process at a Greater Manchester level and via CCG Executive. If approved by the Board, these policies will be published on the CCG website, varied in to Provider contracts and shared throughout primary care. **The Board ratified the above commissioning policies.**
28/18	**Bolton Quality Contract (BQC) – Recommendations from the Primary Care Commissioning Committee (PCCC)** The Board received an update on the recommendations made by the PCCC at the meeting held on 8th February 2018 when reviewing the proposals for the BQC for 2018/19. The recommendations related to a further review of changes to the key performance indicators and future plans regarding the Bolton Quality Contract. Members discussed the principles set by the Board in that the BQC is self-funding and discussed if the CCG has the confidence going forward that would maintain this overall principle. It was reported that, further to discussions held by the members of the PCCC, there was confidence that this can be maintained. Members were also informed that, in terms of keeping the BQC relevant, a full review of all the KPIs would continue to be undertaken on a yearly basis by the PCCC. Members of the PCCC agreed there is a need to give assurance to GP practices that the contract will continue with the understanding that KPIs will be refreshed to reflect any national and local changes and that this would also include a review of the financials, as part of this process. Members agreed the need to recognise that the CCG is being fair and appropriate to all providers it commissions with and longer term contracts are already agreed with other providers and targets set year on year to adjust for different circumstances. This offer is therefore bringing the BQC in line with other contracts across the locality.

	The Board noted that the PCCC has made changes to the BQC KPIs for 2018/19 and agreed to move from a year to a three year contract, subject to yearly review of the KPIs and financials.
29/18	**<u>CCG Corporate Performance Report</u>** The main exceptions highlighted were:- • Current under performance in A&E and the challenging issues faced in December and January which have predictably increased activity. Bolton has been given a target of 85% which has to be reached by 1st April. The CCG is planning an event week commencing 5th March alongside the hospital's event called "Spring into Action" to look at how patients are discharged from hospital, avoiding unnecessary admissions and deflecting patients to more appropriate services to help flow through at the hospital. Members highlighted the discussions held at the Bolton FT Board on A&E performance and noted the degree of variability being reported on performance on a daily basis without seeing any difference in demand. It was noted that there are daily trends that are followed, performance decreases and increases on certain days which is consistent week on week. However, members acknowledged there is a degree of variability which is not demand, or sudden outbreaks, therefore there is a degree of volatility showing there are more fundamental issues. It was agreed there is a need to focus on daily trends and capacity related issues and the CCG is working with the FT to improve work around patient flow acknowledging further work needs to continue throughout the system. • Achievement in cancer performance targets, in particular the 2 week wait target now running at 96.4%, which is well above achievement. The poor performance in the symptomatic breast target was noted due to staff sickness in the unit, however improvements are now being seen with a target of over 90% now being reached. Members noted that early cancer diagnosis is a good example of the benefits of a real public health approach to alert people early to get seen and the positive improvements being seen in this area. • Mental Health is showing a positive picture due to the additional workforce in A&E and the use of the Sanctury in the hospital. Also noted was the encouraging position with regard to RAID performance now showing at 77.5% for December. • Diagnostic performance is an issue, in particular relating to colonoscopy and screening. Members were informed of the likely breach of this performance target by Bolton FT at the end of March. Whilst work continues to rectify the position and performance is likely to recover, this will not be achieved by the end of March. • Issues with delayed transfers of care and winter pressures making this a challenging target were noted. The plan is that the "Spring into Action" week commencing from 7th March will start to show improvements in this area. • Ambulance targets have remained a challenging issue over the last month with all targets not being achieved due to issues with ambulance fleets. A programme is being developed to build more ambulances. However, it was noted that with regard to incident reporting, NWAS remain one of the highest providers. • Endoscopy targets remain challenging with a rise of nearly 13% for requests. This is mainly due to the impact of the national screening programmes.

	The performance report also included an update on Referral to Treatment targets. Due to no planned activity taking place in January due to the national position, there has been a serious reduction in performance. Performance is currently running at 87% against a 92% target with the majority of backlog in general surgery, ophthalmology and trauma and orthopaedics. Members discussed in detail the actions being implemented to clear the current backlog which included an update on actions to reduce the rate at which the backlog is increasing, ensuring capacity is in place to meet demand and the impact locally of the national screening programmes. **The Board noted the update on performance, in particular the current position regarding performance in A&E and Diagnostics.**
30/18	**Report of the Chief Finance Officer including Joint Savings Performance Update Month 10** As at month 10, the CCG is forecasting to deliver the £60k control total surplus and fully achieve the QIPP target. The main pressures continue on trend from previous reports namely over performance on acute contracts which remain on a Payment by Results basis is now £4.5m year to date (YTD) and £5.4m full year forecast. Pressures continue to be reported in Mental Health out of area placements, Learning Disabilities and Continuing Health Care. These pressures have been partially offset in the full year position by recognising further under spends on corporate areas and reflecting the YTD under performance with NHS 111 into the forecast. Conversations on how to abate these pressures via alternative contracting methodologies continue with providers. 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. **The Board noted the financial position at Month 10, 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.**
31/18	**Board Assurance Framework Quarter 3** The report provides details of the strategic, financial and operational risks associated with achieving Bolton CCG's 2017/18 objectives and its 5 year aims and provides assurance to the governing body that risks are effectively identified and monitored. Corporate risks assessed as High (15 or above) are routinely reported to the Board and these are referred to in the Q3 report. Members discussed the summary page and noted some anomalies on the direction of the risk moves relating to primary care capacity, which is suggesting a reduction in the risk when this has not been achieved and risk S1 relating to a lack of clear vision, where the risk has not changed. It was noted that the December ratings are the ratings to follow as these have been updated by individual Directors. Members requested assurance on the reduction in risk 04 relating to delivery of the Locality Plan and resistance to change, which has been reduced from 20 to 12. It was reported that the mitigating actions detailed in the supporting documentation to this risk outlines the actions that have been taken that changes the risk rating.

	The Board accepted the Board Assurance Framework and the assessment of strategic and high level corporate risks for quarter 3 (October to December 2017) and agreed that the Audit Committee review in more detail the supporting information to each risk.
32/18	**<u>CCG Quality & Safety Committee – 10/1/18</u>** **The Minutes were approved.** **<u>CCG Executive Update – January/February 2018</u>** **The update was noted.** **<u>Primary Care Commissioning Committee – 8/2/18</u>** **The Minutes were approved.** **<u>CCG Finance and QIPP Committee – 26/1/18</u>** **The Minutes were approved.** **<u>CCG Audit Committee – 17/1/18</u>** **The Minutes were approved.**
33/18	**<u>Any Other Business</u>** There was no further business discussed.
34/18	**<u>Date of Next Meeting</u>** It was agreed that the next meeting would be held on **<u>Friday 23rd March 2018 at 9.30am</u>** in the Bevan Room, 2nd Floor, St Peters House.
35/18	**<u>Exclusion of the Public</u>** The Chair confirmed there were no confidential matters to be discussed and, therefore, the Board meeting was closed.

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Mrs Christine Howarth

Dear Mrs Howarth

Questions from the Public – 23rd February 2018 Board Meeting

I am writing further to the questions you raised at the public board meeting on Friday 23rd February 2018 to provide you with a response:-

Q1: You have reported that the vision and principles for the Local Care Organisation and Integrated Commissioning have been agreed. Can you describe what these are?

We fed back to you prior to the Board meeting that we intend to provide a fuller update to future board meetings on why we believe integration is important and what this means for our local approach. The shared principles across Greater Manchester for integrated commissioning and local care organisation will be shared at the next Board meeting. This will answer this question more fully.

The report presented to the Board at the November 2017 meeting outlines the main principles for joint commissioning:

> **"**The legal context within which we operate is not changing and accountability for the provision and quality of health and social care services remains with local systems; CCG Board Members and the Executive Members. Some early principles for integrated commissioning would include:
>
> - That we will prioritise best use of Bolton resources (the Bolton £) and share risks as equal partners.
> - That the proposals must be acceptable to the members of the council and the membership of the CCG.
> - Any commissioning shared with or delegated to the Greater Manchester Health & Social Care Partnership must be fully transparent to and agreed by the Members of the CCG Board and Executive Members of the Council."

Q2: In North West London a collaboration of CCGs and NHS England have developed a Data Warehouse where individual patients (mainly older patients) have been allocated a number and every aspect of their care has been costed eg: A&E visits, non-elective inpatient periods, outpatient treatment, community interventions, primary care presentations, prescriptions, referrals, care planning, vaccinations, direct access to hospital (acute), elective inpatient periods. The total spend is given for up to two years. We feel this will worry older people: does this signal a move to a health system which decides on treatment on the basis of cost and not

on the basis of clinical need? Are older people discriminated against in that data is mainly collected about their healthcare costs? Will Bolton patients be a part of such a costings data system?

Bolton CCG cannot speak on behalf of the North West London CCGs and therefore advise you direct specific questions on their approach to them directly.

We do not have a system that provides the cost of each individual Bolton person's care.

The cost and utilisation of healthcare is important information for the CCG to base effective decisions on. Our responsibility as a CCG is to commission effective services for local people within the NHS budget allocated to us and we use the combined approach of the Triple Aim principles, which are to:-

- o Improve health outcomes
- o Improve quality of care and experience of care.
- o Deliver best value for money.

In order to carry out our role as a CCG we do look at the overall expenditure on healthcare by different groups and use this in our decision making on commissioning. For example, we are required by NHS England to review our expenditure on mental health and show we are increasing this spend on the services that have been nationally mandated.

Nationally and in Bolton, GPs and their supporting services are asked to identify people that may need greater support (identified by high usage of hospital or other services) and to create a care plan for people involved in their care to support them better. Bolton CCG do not have access to these individual care plans or individual patient records.

Yours sincerely

Su Long
Chief Officer
NHS Bolton CCG

KEY ACTION LOG:
Updated from 23rd February 2018 meeting:
This action log aims to cover all matters arising from previous meetings.
Members will raise any further queries with the Chair in advance of the next meeting.

OUTSTANDING ACTIONS:

Date/No./ Initials [NOTE 1]	Action Details:	Current Status: [SEE NOTE 2]	Due date: Original AND any agreed Revisions	Comments/Progress/ Explanations:
23/2/18 25/18 JT	Patient Story It was agreed that the clinical presentation detailing further statistical information relating to the unit to be shared with Members and that statistical information will be reported under matters arising at the next meeting.	Progressing	March 2018 Revised date: April 2018	Awaiting information from Clare Williams.

COMPLETED ACTIONS:

26/1/18 11/18 MR	CCG Corporate Performance Report 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.	Progressing.	March 2018	Completed – information included in the March performance report and presented as specific item.
23/2/18 31/18 DS	Board Assurance Framework Q3: The Audit Committee review in more detail the supporting information to each risk at the next meeting.	Progressing	April 2018	Completed – on the forward planner for the next Audit Committee meeting on 18th April 2018.

23/2/18 22/18 SL	Questions/Comments from Members of the Public: A written response to be sent to the questions raised by Mrs Howarth and appended to the Minutes of this meeting.	Progressing	March 2018	Completed – letter sent to Mrs Howarth and appended to the February minutes.

Actions completed since April 2015 = 142
Number of actions remaining at 23rd March 2018 = 1

NOTE 1:

MR	**Mike Robinson**	**DS**	**Diane Sankey**
SL	**Su Long**		
JT	**Joanne Taylor**		

NOTE 2: Current Status, (incl. relevant dates): Completed, Overdue, On target, Delayed