MINUTES

NHS Bolton Clinical Commissioning Group Board Meeting

Date: **23rd March 2018**

Time: **9.30am**

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

Present:

Wirin Bhatiani	**Chair**
Alan Stephenson	**Lay Member**
Tony Ward	**Lay Member, Governance**
Zieda Ali	**Lay Member, Public Engagement**
Ian Boyle	**Chief Finance Officer**
Jane Bradford	**Clinical Director, Governance & Safety**
Stephen Liversedge	**Clinical Director, Primary Care & Health Improvement**
Barry Silvert	**Clinical Director, Commissioning**
Charles Hendy	**GP Board Member**
Tarek Bakht	**GP Board Member**
Dharmesh Mistry	**GP Board Member**
David Herne	**Director of Public Health, Bolton LA**
Romesh Gupta	**Secondary Care Specialist Member**

In attendance:

Melissa Laskey	**Director of Service Transformation/Deputy Chief Officer**

Minutes by:

Joanne Taylor	**Board Secretary**

Minute No.	Topic
36/18	**Apologies for absence** Apologies for absence were received from:- • Su Long, Chief Officer. • Dr Shri-Kant, GP Board Member.
37/18	**Introductions and Chair's Update** Board members introduced themselves. There were 6 members of the public in attendance at the meeting. The Chair reported that Bolton CCG has become the first CCG to be awarded Future Focused Finance (FFF) Accreditation Level 3, alongside Lancashire Teaching Hospitals NHS FT becoming the first provider. The CCG was very proud of this achievement and acknowledged the hard work undertaken by the finance team to achieve this accreditation. The Chair confirmed this would have been Dr Shri-Kant's last board meeting. He confirmed he would be writing to Dr Shri-Kant to thank him for his support over the last years as GP Board Member.

	The Chair also commented on the items on the agenda and the theme running through items on joint commissioning and joined up care and our approach to integration and how true joined up care delivers good outcomes and improves patient experience. The Chair acknowledged, however, the challenges to further develop joined up care to ensure this is happening across the whole locality.
38/18	**Questions/Comments from the Public on any item on the agenda** Mrs Howarth raised the following questions on behalf of Mrs Rosie Adamson-Clarke. Integrated personal budgets, personalisation, integrated commissioning and the use of linked data sets to identify cohorts and individuals. What happens if someone with several long-term complex conditions has used up their allocated personal budget and they need other treatment, will they have to find and fund their own private healthcare. Does the personal integrated budget include GP visits and prescriptions. Will the budget do away with exemptions such as free prescriptions for life for those with life-threatening conditions such as adrenal failure (steroid dependent) and those on thyroxin. The Chair confirmed that these questions will be answered under the item on the agenda regarding "Bolton's approach to integration".
39/18	**Declarations of Interest in Items on the Agenda** There were no additional declarations of interest. The Board noted that on-going declarations of interest stood for every Board meeting and were publicised on the CCG's website.
40/18	**Minutes of the Meeting previously agreed by the Board and Action Log from 23rd February 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.**
41/18	**Patient Story** This month's patient story highlighted the positive work undertaken across a number of services to the benefit of patients. Members noted this as an excellent example of joined up care which has a positive impact on patients. This story relates to patients approaching end of life and members acknowledged that care in the community, in particular for end of life patients, is more appropriate. The Board was informed of the work that has developed with the CCG and Bolton FT on end of life and cancer care and the work undertaken to review care bundles for end of life patients to ensure the right plans are in place at an early stage to ensure co-ordination of care for patients. **The Board noted this month's patient story and requested a patient story at a future meeting highlighting where integration is not working as positively.**
42/18	**Bolton's Approach to Integration** The Board received a presentation on the developments in Bolton regarding integration. The presentation focused on the national context, on developing an integrated commissioning service, the Greater Manchester context and the two streams of work developing on a local care organisation and strategic commissioning function and the GM principles for these developments. Also highlighted in the presentation were the benefits to integration. It was noted Bolton will be using the term "Integrated Care Organisation" and not Local Care Organisation which is the term used in other areas.

	The principles for an integrated care organisation were noted as:- • Enabling conditions to be managed at home and in the community. • Secure the contributions of the full range of public service partners to providing early help and prevention. • Support individuals and communities to take more control over their own health. • Take full responsibility for the management of the health and wellbeing of a defined population. The context for developing joint commissioning was also presented, which is to focus on a consistent approach to commissioning and provision of health and social care across Greater Manchester. The next steps to developing both the integrated care organisation and strategic commissioning function was also presented. The current focus is on joining up teams in neighbourhoods to improve experience of care, care plan and provision of the right support when needed and to support the GP workload. Partner organisations across Bolton are working together to agree the ambition for an integrated care system and work on developing the strategic commissioning function and integrated care organisation. It was noted that this is a process of transformation that will take time and requires a great deal of engagement with local people and staff. The Board also discussed the new personal health budgets system compared to the previous system and the discussions developing with senior leaders to start focusing conversations on personalisation and choice to help provide the right care across rather than delivering care in silo. This work will help ensure health and social needs are met. The Board also discussed the positive outcomes from the work progressing around the NESTA 100 day challenge. Members also discussed the immediate changes that patients may see from integration. With regard to the questions raised by Mrs Howarth, it was reported that in terms of personal health budgets, these are independent of the normal NHS services that would be provided free of charge at the point of delivery, such as GP visits, hospital appointments, prescribing or treatments which are outside personal health budget provision and are still provided to the patient free of charge. The Chair also focused members on the work developing across neighbourhoods and members received an update on the work concentrating on the extended workforce in primary care to deal with workforce pressures. It was noted that all neighbourhoods now have a clinical lead and project manager. Neighbourhood meetings are now being held on a monthly basis and will be the building block to draw the 10 neighbourhood leads into the work of integration on a broader scale. The Chair focused the Board on those people who receive care and people who deliver care, and the need for both parts to be successful for integration to work. If this works, patient stories will start to focus on where they need to go to help with their care and how they manage their conditions from different aspects of health and social care in a joined up way. Organisational boundaries will disappear and will be focus on the person. Board members acknowledged this work is now starting to evolve. The Chair also asked members of the public for their comments. Members of the public acknowledged that the principle aim is correct, but they are not yet able to see what the vision may look like. Whilst the joint objective is to provide better care and be sustainable, ultimately it is about funding and the public are concerned around funding cuts across both health and social care.

	Trust and honesty from clinicians, in particular around end of life care, is important as is support to carers when they are coming to their end of life, to ensure the people they care for have the right support in place. The Chair acknowledged the feedback received from the public and agreed that the right resources are required to enhance the opportunity of joint health and social care services. **The Board noted the developments on Bolton's approach to integration and agreed to receive further updates on overall timescales and intentions.**
43/18	**<u>Proposal to change the Membership of the Primary Care Commissioning Committee</u>** The Board received a proposal to change the membership of the Primary Care Commissioning Committee to increase the membership to include 2 elected members of Bolton Council as outlined in the terms of reference attached in the report. Members acknowledged this was a positive step forward to developing joint commissioning arrangements further and would give the Committee a wider focus and integration with the Council. It was reported that the changes to the terms of reference on Page 4 should read "Bolton Council Officer or their deputy (non-voting)" and should also include "2 Bolton elected members (voting)". **The Board approved the proposal to the change to the membership of the Primary Care Commissioning Committee.**
44/18	**<u>NHS Planning Guidance 2018/19:-</u>** **<u>Forward Plan Review</u>** The Board received a presentation on the key highlights from the national planning guidance for 2018/19. The main highlights noted were:- • Refresh of two year operational and financial plans. • Five key areas of focus: – Urgent and emergency care. – Elective care. – Mental health. – Cancer services. – Primary care. • Need to plan for demographic growth. • CCG and provider plans need to be totally aligned. • Activity trajectories set out in the operational plan should align with those in the Transformation Fund Investment Agreement. The Board was also informed of the CCG's planning approach in the areas of acute, mental health and primary care. It was noted that while these are the planning assumptions for Bolton CCG, there are risks to delivery of the activity, notably workforce risks and the pressure of urgent care. The priority of the CCG must continue to be to join up services out of hospital to support people better in their communities, and invest in schemes that intervene earlier, preventing increase in hospital activity wherever possible. **The Board noted the presentation.**

	Financial Plan 2018/19 The report detailed the CCG's financial plan and associated risks for 2018/19, highlighting the high level financial performance framework, summary budgets and the required level of savings to be delivered through the CCG's Quality Innovation Productivity and Prevention (QIPP) programme. It was reported that NHS England has made £460.4m available to the CCG for the care of Bolton residents for 2018/19. The plan is to spend £467.5m which gives the CCG a QIPP target of £7.1m to underpin those investments. It was noted that the CCG will receive a further allocation for Transformation Funding, however this is excluded from the paper and planning assumptions for this are being dealt with separately. Members acknowledged the CCG has been able to maintain the NHS offer and delivered its control totals for the year. However, the challenges remain to enable services to improve within the resources available. Members also noted that the national pay awards, when accepted, will be additional funding to the CCG and proposals will be presented to the CCG Remuneration Committee and Primary Care Commissioning Committee. The Finance and QIPP Committee has reviewed the draft financial plan in detail prior to the Board meeting and was encouraged to see the significant amount of growth that has been allocated this year. **The Board approved the Financial Plan 2018/19, supporting the £7.1m recurrent QIPP programme for 2018/19, noting that a further QIPP update will be provided to Board in April providing further detail of the delivery and strategy.** **The Board also noted the level of risk identified within the Financial Plan and the process put in place by the Executive to review scenarios.**
45/18	**Greater Manchester Health & Social Care Partnership – Continuity of Service Protocol** This protocol recognises that staff play a vital role in the delivery of high quality public services and that high quality employment in public services plays a vital role in the functioning of the Greater Manchester economy and society. During 2017, the Workforce Engagement Board articulated its commitment to a proposal for recognition of continuity of service on a voluntary change of employer between Local Authorities and NHS Employers within Greater Manchester. It should be noted that changes through restructure or transformation already have the protective rights of TUPE. The protocol has been subject to discussion with employers through the various governance structures in Greater Manchester and, whilst adoption of the protocol is voluntary, the Workforce Engagement Board has strongly recommended adoption by all local authority and NHS organisations from 1 April 2018. The report details the work undertaken so far and the request from GM that all GM CCGs and Local Authorities sign up to the protocol from 1st April 2018. This request to adopt the protocol does not include General Practices in Greater Manchester. It was noted that the CCG's major partner organisations in Bolton, Bolton Council and Bolton FT are also supportive of this protocol and are taking it through their own approvals processes.

	Members commented on possible financial impacts on staff moving across organisations. It was noted that this has so far been immaterial in other areas and TUPE and pension rights would apply to any staff integrating into other organisations. The Board was assured that financial implications would be no different to those if TUPE is applied. However, it was noted that reference is made to pension arrangements on page 2 of the report. It was noted that each pension fund will have its own arrangements. **The Board approved to fully implement the Greater Manchester Continuity of Service Protocol with effect from 1st April 2018 and requested verification on page 2 of the report which refers to application of pension arrangements.**
46/18	**CCG Corporate Performance Report** The main exceptions highlighted in this month's report were:- • The marginal improvement on A&E performance in January was 77.8%. March's data is showing at 77.2% with a target for quarter 4 of 90%. • Elective care figures showing 88.7% against a 92% target, with a year to date performance of 91.6%. The potential measures being put in place to improve performance was noted. • The outcomes from the "Spring into Action" event focusing on delayed transfers of care and facilitating earlier discharge of patients were highlighted. • It was anticipated that performance on Diagnostics would be back on target in April. • Cancer performance continues to achieve. The 31 and 62 day targets are also being achieved due to a number of new processes making a significant impact. • Mental Health, in particular the IAPT target, has been achieved and RAID performance has significantly improved, largely due to mental health practitioners in A&E streaming patients. • Delayed transfers of care performance has not yet being achieved and remedial measures are being put in place to try to improve performance. • NWAS performance continues to be significantly challenging and is a concerning area and this is happening across all ambulance performance targets. **High Impact Measures in A&E** The report updated the Board on the high impact system changes identified to achieve an improvement in A&E 4 hour performance. In response to poor performance in the 4 hour A&E target, the Bolton system has worked to identify the 5 key areas to focus attentions on, which will have the biggest impact on improving the 4hr A&E performance target. These key areas as reported to CCG board in February are the following:- 1. To increase the number of discharges before midday. 2. To reduce the number of "stranded patients" (Patients with a length of stay of 7 days or over). 3. To have a system focus on reducing the number of medically optimised patients in hospital. 4. To continue to focus on streaming patients to the most appropriate part of the system (with ED being a spoke not the hub). 5. To reduce to number of ambulance call outs and hospital admissions from care homes. The 5 high impact system changes continue to be monitored by the Urgent and Emergency Care Board and although improvement has not been seen in some areas to date, focus remains on the initiatives to improve and a further update to CCG Board will be given in April 2018.

	Members discussed the recent events undertaken at Bolton FT and how much of the learning has been embedded into systems and processes to improve the way services are delivered. **The Board noted the update and agreed to receive a further update at the April board meeting on the A&E performance 4 hour target and ambulance waits as two key performance issues and to invite Bolton FT representatives regarding the A&E performance and GM representatives regarding the ambulance performance to present at the next meeting.** **The Board also agreed to discuss at the April board development session the questions to be raised with Bolton FT and GM representatives on these key performance areas.** **Benchmarking information on C Difficle cases across Greater Manchester** Further to a previous request by the Board, benchmarking information on C Difficile, mixed sex accommodation and never events across Greater Manchester has been included in this month's performance report at Appendix 3. The information included performance over the last two years on C Difficile targets set by NHS England and the number of cases reported locally and Bolton's ranking across Greater Manchester. It was reported that, although the CCG is mindful that the position has deteriorated over the last couple of years, Bolton is not seen as an outlier across Greater Manchester. It was reported that the Infection Prevention and Control Committee continue to work with primary care and community services on compliance with the antibiotic prescribing policy and other remedies that can increase the risk of C Difficile and the CCG continues to share learning and feedback across practices. Work focusing on the 10 patients accounting for 26 samples is progressing in some detail to review the accuracy of counting and the CCG continues to work with Bolton FT to ensure compliance with C Difficile. The FT is also awaiting the outcome of the findings of the review undertaken in March to confirm if any further actions are required. **The Board noted the update on performance on C Difficile and agreed further feedback on the indepth reviews undertaken on the 10 patients accounting for 26 samples in a future performance report.**
47/18	**Report of the Chief Finance Officer including Joint Savings Performance Update Month 11** As at Month 11, the CCG is forecasting to deliver the £60k control total surplus and fully achieve the QIPP target. No guidance has been received to date from an NHS England on the -0.5% uncommitted contingency held by the CCG. It is therefore likely that the CCG will be required to improve the bottom line surplus in Month 12 to offset pressures in the NHS Provider sector. The main pressures continue on trend from previous reports. Over performance on acute contracts which remain on a Payment by Results basis is now £5.3m year to date (YTD) and £5.8m full year forecast. Whilst over performance has continued to be analysed and challenged where appropriate, a growth in Acute demand has been experienced. Pressures in Mental Health out of area, specialist Mental Health 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 under performance with NHS 111 into the forecast. Conversations on how to abate these pressures via alternative contracting methodologies in 2018/19 continue with providers.

	A separate report detailing the plans to deliver the Joint Savings Programme for the Bolton health economy was also presented. 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. **The Board noted the financial position at Month 11, 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.**
48/18	**CCG Quality & Safety Committee – 14/2/18** **The Minutes were approved.** **CCG Quality & Safety Committee – Change to Terms of Reference** **The Board approved the change to the terms of reference to alter the frequency of meetings to bi-monthly.** **CCG Executive Update – February/March 2018** **The update was noted.** **CCG Finance and QIPP Committee – 23/2/18** **The Minutes were approved.** **CCG Conflicts of Interest Committee – 9/3/18** **The Minutes were approved.**
49/18	**Any Other Business** There was no further business discussed.
50/18	**Date of Next Meeting** It was agreed that the next meeting would be held on **Friday 27th April 2018 at 9.30am** in the Bevan Room, 2nd Floor, St Peters House.
51/18	**Exclusion of the Public** "That publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted, and that the public be excluded".