

MINUTES

NHS Bolton Clinical Commissioning Group Board Meeting

Date: 27th April 2018

Time: 9.30am

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

Present:

Wirin Bhatiani	Chair
Su Long	Chief Officer
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
Charles Hendy	GP Board Member
Tarek Bakht	GP Board Member
Dharmesh Mistry	GP Board Member
Romesh Gupta	Secondary Care Specialist Member

In attendance:

Melissa Laskey	Director of Service Transformation/Deputy Chief Officer
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Minutes by:

Joanne Taylor	Board Secretary
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Minute No.	Topic
52/18	<p><u>Apologies for absence</u> Apologies for absence were received from:-</p> <ul style="list-style-type: none"> • Barry Silvert, Clinical Director, Commissioning. • David Herne, Director of Public Health.
53/18	<p><u>Introductions and Chair's Update</u> Board members introduced themselves. There were 11 members of the public in attendance at the meeting.</p> <p>The Chair updated the Board on the outcome of the recent election process for the vacant GP Board member role and reported that Helen Wall had been the successful candidate. Helen Wall will commence in the role from 1st May 2018.</p>
54/18	<p><u>Questions/Comments from the Public on any item on the agenda</u> There were no questions/comments from the public on the items on the agenda.</p>
55/18	<p><u>Declarations of Interest in Items on the Agenda</u> 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.</p>

56/18	<p><u>Minutes of the Part 1 and Part 2 Meetings previously agreed by the Board and Action Log from 23rd March 2018 meeting</u></p> <p>It was noted that most of the outstanding actions were now complete.</p> <p>Su Long updated the Board on the action regarding the GMSS continuity of service proposal and whether this has any impact on pension rights. Further information had been sought from the Greater Manchester Health and Social Care Partnership who has confirmed that pension arrangements are unaffected by this proposal.</p> <p>The request for a patient story on fragmentation of services is being progressed and will be presented at a future board meeting.</p> <p>The Minutes were agreed as an accurate record and the updates to the action log noted.</p>
57/18	<p><u>Patient Story</u></p> <p>This month's patient story focuses on the experiences and feedback received from a recent review undertaken by Health Watch Bolton regarding the Ambulatory Care Unit. It was noted that the full report is available to members on request. The main points highlighted from the report focused on what the ambulatory care unit meant to patients and the benefits and issues highlighted by patients from their experiences.</p> <p>It was noted that the full report has been presented to the CCG's Quality and Safety Committee who have reviewed the outcomes from this report. A further review and engagement with patients is planned.</p> <p>Members of the public at the meeting were asked whether they had experienced the ambulatory care unit and positive comments were received. Patients agreed that they would wish to be seen in the unit rather than being admitted to hospital. A clear message was given that patients are unsure of the purpose of the unit. Board members agreed that it is key to ensure a clear explanation is given so patients understand the role of the unit.</p> <p>The Board noted this month's patient story and agreed to publicise the role of ambulatory care unit and how the unit works.</p>
58/18	<p><u>Public Health Annual Report</u></p> <p>The 2017 Public Health Annual Report was presented to the Board. This year's public health report focuses on work and health and the presentation included an update on:-</p> <ul style="list-style-type: none"> • The Greater Manchester Work and Health Strategy. • How staying in work is important to improve health and the relationship between good work and good health. • The life course approach of start well, live well, age well. • How work and health need to be a system-wide priority across the life course. • How Bolton is engaging to be an early implementer of the Greater Manchester Working Well Early Help Service. • As services to improve work and health are designed and implemented, how these should be integrated with new models of care. <p>An update was also received on key achievements from last year's public health report which focused on children's health and growing up in Bolton and the main highlights were:-</p> <ul style="list-style-type: none"> • Progress with redesign and recommission of 0-19 service. • 0-5 service increased engagement with parents and families around service development. • New Start Well service commenced 1st April 2017.

	<ul style="list-style-type: none"> • Maternity and Children’s Strategic Partnership established. • Family Nurse Partnership service one of the highest performing services in England. <p>The principles echoed in the Marmot report published in 2010 highlighting the key determinants was discussed. There was an acknowledgement that there is a need for local discussions and links with health and social care which haven’t happened since the report was published. Public Health is developing a number of opportunities to work with providers to tackle chronic issues around access and waiting times and the work developing with musculoskeletal and mental health practitioners based in primary care will help develop these issues further.</p> <p>Members discussed the recommendations in particular the recommendation regarding the Greater Manchester Working Well Early Help service and requested more information on the early implementer programme. Members were informed that local transformation funding has been used to determine increase in access in primary care. There is also Greater Manchester investment support available but this is at the stage of identifying and proving the concept. Primarily, the investments are therefore currently from local investment through the Transformation Funds.</p> <p>Members also discussed the potential opportunities in developing social prescribing. The work developing with the voluntary sector with community asset navigators to join up the voluntary and community sector offer to enable primary care and other services to access the wealth of differential support available was discussed. This work was looking at developing a consistent system wide offer and is an ongoing stream of work supported by transformation funding.</p> <p>The Board noted the Public Health Annual Report.</p>
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59/18	<p><u>Locality Plan Quarterly Update</u></p> <p>The report updated the Board on progress to date on the Bolton Locality Plan and Transformation Fund and informed the Board of future developments planned in this area.</p> <p>The report for Quarter 4 provides a further update on Transformation Fund project deliverables and wider system re-design, including significant progress towards establishing an Integrated Care Organisation (ICO), Strategic Commissioning Function (SCF), development of the neighbourhoods and roll out of the Bolton Care Record.</p> <p>The report also includes further updates on the revised risk register, with key system risks and mitigations highlighted and an update on the end of year evaluation process for Transformation Fund projects.</p> <p>Members received an update on developments on the redesign of neighbourhood teams, in particular developments to ensure the right workforce in primary care and integrated neighbourhood teams to ensure the neighbourhood working is achieving the required outcomes. The key to this is neighbourhood working with General Practice leadership and this is the next step to be developed.</p> <p>The report also highlighted the individual technology enabled care schemes that are being progressed and tested. This approach was to develop different offerings for different parts of the system, to test and evaluate the benefits, through communication with the public, to agree which schemes should be prioritised.</p>
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	<p>The Board noted the progress made to date on development and implementation of the Locality Plan.</p>
60/18	<p><u>Report of the Chief Finance Officer including Joint Savings Performance Update Month 12</u></p> <p>The report highlighted that the CCG has fully delivered all of its financial targets for the 2017/18 financial year. The CCG Statutory Accounts for 2017/18 were submitted to NHS England, in accordance with the deadline of 9am on 24th April 2018. These will be subject to external audit before final approval by the CCG Board. The CCG has met the increased control total of £2.535m. As directed by NHS England, the control total was increased by the 0.5% previously uncommitted risk reserve and the return on the Cat M prescribing price reductions, previously held by NHS England. The CCG has also fully achieved the QIPP target for 2017/2018.</p> <p>The main pressure on the CCG budget in month 12 continued to be the over performance on acute contracts which remain on a Payment by Results basis. The year end position is an over performance of £4.038m. 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 have also been reported. These pressures have been partially offset in the full year position through further under spends on Corporate areas, Primary Care and reflecting the under performance with NHS 111 and NWAS into the position.</p> <p>A separate paper is presented to the CCG Board, which details 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 the final delivery against the plan.</p> <p>The Board noted that the CCG has delivered all of its financial duties for 2017/18, noted the financial position as at Month 12 and that the CCG Statutory Accounts were submitted to NHS England on 24th April 2018 showing achievement of all financial targets for 2017/18, subject to external audit.</p>
61/18	<p><u>Board Assurance Framework Quarter 4 (Q4)</u></p> <p>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.</p> <p>Corporate risks assessed as high (15 or above) are routinely reported to the Board and these are referred to in the quarter 4 report. It was noted that 6 risks have reduced scores since the last report and 8 risks are reporting as 15 or above.</p> <p>It was also reported that, following discussions at the recent Audit committee meeting and further discussions with the Chair and Chief Officer, the risk relating to the lack of a clear shared vision for a Local Care Organisation, S1, has been downgraded from 16 to 12.</p> <p>It was noted that the Audit Committee has reviewed fully each risk and challenged and questioned the changes reported. The Chief Officer also highlighted the real commonality on several of the high risks relating to demand in the health service, and whilst the CCG can take actions locally to mitigate these risks, there continues to be ongoing increase in demand with limited resources which is a consistent difficulty for the CCG. Targets failing which has increased this month, is being seen nationally and a showing pressure across the NHS.</p> <p>The Board accepted the Board Assurance Framework and the assessment of strategic and high level corporate risks for Q4 (January to March 2018) and noted the change to the risk rating for risk S1.</p>

62/18	<p><u>Learning Disability – Transforming Care Update</u></p> <p>The report informed the Board in relation to Transforming Care and repatriation of Bolton residents from out of area secure and specialist hospital provision. The joint Transforming Care programme for Bolton CCG and Bolton Council links to the following CCG Strategic priorities: Strategic Priority 2: Improving the quality and experience of care and Strategic Priority 3: Ensuring best value of our budget.</p> <p>The current position, as at 31st March 2018, was the number of learning disabled people detained in non-secure facilities (CCG funded beds) is 6 and the number of learning disabled people in secure facilities (NHSE funded beds) is 7, making a total of 13 patients.</p> <p>Members noted that in quarter 1 (2016/17) the trajectory for Bolton set by Greater Manchester was to reduce number of inpatients to 8 by March 2019 (3 patients non secure and 5 patients secure). Bolton has a supported living development in progress to meet its agreed trajectory and is also supporting the discharge of people currently in secure placements directly into the community.</p> <p>The Board noted the content of the report with regards to the progress on resettlement and actions proposed to mitigate and secure delivery of local, Greater Manchester and national (NHS England) priorities and local service transformation.</p>
63/18	<p><u>CCG Corporate Performance Report</u></p> <p>The report highlighted performance against all the key delivery priorities for the CCG in 2017/18 against which the CCG is nationally measured. The main performance areas highlighted related to the 18 week Referral to Treatment position in planned care and members were informed that the CCG has commissioned additional activity this year to reduce the backlog, which is a decision taken locally to reduce waiting times and will be seen through future performance reports. Members were also informed that there is an early indication that the diagnostic target will be met from March.</p> <p>The Board also discussed the work in collaboration with Bolton FT to tackle demand in outpatient, inpatient and day cases and the detailed piece of work happening with Bolton FT to review each specialty to manage demand and how to increase capacity through efficiencies in ways of working across the system to help meet demand.</p> <p>Members also discussed the recent dip in performance with regard to the IAPT access target. It was noted that there is a need to profile expected activity differently going forward as there is usually a dip in performance in December and January. The plan is to achieve the locally set target of 17.5% by March 2018. Members were also informed that additional capacity has been invested into the IAPT service from transformation funds to enable a larger number of people to benefit from this service.</p> <p>The Board noted the performance report for the month of February 2018 and agreed that further information on how waiting times are being reduced to meet current demand with appropriate capacity be presented at the June board meeting.</p> <p>The main topics for discussion this month was to receive presentations on two performance areas of concern:-</p> <p><u>A&E Performance</u></p> <p>Andy Ennis, Chief Operating Officer from Bolton FT, presented on:-</p> <ul style="list-style-type: none"> • The scale of the challenge and non-achievement of the 4 hour standard all year, including issues in dealing with a high volume of flu cases this winter compared to last winter.

- Ambulances transfers are up despite a number of schemes aimed at reduction.
- The 100 beds challenge was not met, with the majority of extra beds being provided in the hospital.
- Length of stay has been 1 day longer than the previous year placing an extra 40 beds on the estimated 100 bed challenge needed to cope with normal winter variation.
- Attendances were up by 3% compared to last year.

However, there was acknowledgement that some of the work is now starting to have an impact, namely:-

- Type 1 performance has been middle of the pack.
- The new build has made a difference to the privacy and dignity for patients and working environment for staff.
- Streaming to primary care is being held up as an exemplar site.
- The work with ECIP is starting to show changes.
- The Spring into Action event is making a difference.
- Some of the actions and investments we made such as telemedicine are showing signs of improvement.
- The winter plans developed at scale across the hospital, primary care and community setting and the results from these plans.
- The rolling 6 week average in A&E performance is starting to improve.
- Length of stay is reducing including length of stay for those patients over 7 days.
- A reduction being seen in delayed transfers of care.
- Both the number and occupied bed days for medically optimised patients is reducing.
- These changes are being achieved by speeding up patient discharges whilst reducing the beds open which reduces occupancy, which means the FT is moving patients out of A&E at a faster rate to reduce overcrowding.
- Strengthening of the urgent care governance processes to improve monitoring.

The presentation also highlighted next steps, which included:-

- Continue the actions from "Spring into Action" to ensure continued impact.
- Develop the new model of streaming, which includes a different way of working to identify best place for a patient.
- Increase the efficiency and scope of the community offer.
- Move forward the promise of the Integrated Care Organisation to support families in the community.
- Develop the estate of our A/E to enhance pathways.

Members discussed A&E performance is now a system wide issue and, as commissioners, the Board needs to be assured all parts of the system are involved to resolve the issues currently being experienced. Members were informed that the challenge set by the ECIP around culture change will start to be seen within the coming months.

Members discussed the presentation and highlighted the dip in performance on discharges on a Monday. Work on criteria led discharge is being developed which allows consultants to discharge at weekends once a patient has met certain criteria. Monday is still a challenge but improvements are being seen through the development of the 7 day working concept.

Members noted the improving picture is encouraging but this is coming after the winter pressures. Bolton FT is now talking about winter all year, however the significant problems this winter with flu and constant issues with flu vaccines being truly effective did not help the situation this winter. Members agreed for the need to be assured of sustainability when services are under pressure and were informed of the plans to look at more capacity in the community setting rather than in hospital beds to ensure the right capacity in the right place.

Process changes and ownership is giving the FT the confidence that changes are making a positive impact in A&E including patients being supported in the community having better outcomes for patient care.

Members also discussed the red day/green day concept and queried how much this is embedded around services for patients not on wards. It was noted that radiology is the biggest provider of these services and the service is on board with this system. There is however a constant balance to review patients rather than admit.

Members continued the discussions regarding the FT's risk aversion on the decision to admit, the harm to frail elderly patients and whether this is being embedded in the acute system. It was noted this is a system issue which needs further work and the key to developing this is in the development of the streaming model and links with primary care which will gradually bring about the cultural change required.

Members discussed the learning and actions from the Spring into Action exercise undertaken. Bolton FT continues to review what worked well, including links with the medical and multi-disciplinary teams to work to full effect, forcing the system and senior decision makers both at the front and back to ensure this is consistent, embedded and owned by teams.

Members discussed the variation in performance with no difference in demand, which was reported at Bolton FT's board meeting in February 2018 which suggests other issues in the system. It was noted that a review of the data does show a definite variation each day, however cultural change to achieve standard operating procedures will change these variations. Members also discussed the need for cultural changes in leadership to make these definite changes rather than relying on systems to make these changes. It was agreed that a multi-disciplinary and alignment of a whole system approach will go towards achieving this.

It was acknowledged that further work is required around discharge processes and delays in processing of medication, however positive improvements were now being seen.

Ambulance Performance

Steve Barnard and Ian Moses from the Greater Manchester Health and Social Care Partnership presented on ambulance performance. This was further to serious concerns raised by the Board around the increase in clinical incidents and how as commissioners this needs to be improved.

The presentation highlighted:-

- Ambulance performance monitoring and measurement and the recent changes in the way calls are categorised and performance is monitored and measured.
- The remedial actions and the detailed recovery plan approved in April 2018 with short, medium and long term actions.
- Current national NWAS performance and general improvement in response time over the last 4 weeks.
- The local position as at April 2018 being comparable to the national position, significant improvement in quarter 4.
- Ambulance service managing the majority of growth without attending at A&E.
- Issue around waste in ambulance time due to long waits.
- Reduction being seen in handover delays. Generally improving position either better or in line with GM and national targets.
- Place of safety, clinical incidents reported and lack of trust overall between NWAS and GP practices.

	<ul style="list-style-type: none"> • Review of current commissioning arrangements for Greater Manchester. • Issues around the gap in performance reporting and not being cited on data for a number of months, with an acknowledgement that performance improvement plans are required. • Highlighted the key strands of GM transformation work which includes standardisation and improvement handover processes, improve management of HCP referrals, locality level clinical dispatch hubs and intelligent diverts. • Development of locality level integrated urgent care services to provide a single point for triage and streaming to both primary and community services. <p>Members discussed the presentation and raised concerns regarding the low number of ambulances available and how many are intended for Bolton but get diverted to other areas. Concerns were also raised regarding the establishment of a Greater Manchester wide arrangement and the possible issues with Bolton's boundary with Lancashire. It was acknowledged that there could be potential challenges but the risks of cross border activity would need to be reviewed whilst implementing the changes across Greater Manchester.</p> <p>It was noted that Bolton's population is not a high user of the ambulance service, but other areas are, which are then redirected to Bolton FT and have a big impact on the urgent care service. It was envisaged that with the support from Greater Manchester, the locality led model will start to address some of these issues through the request for the same standards and service delivery in each locality.</p> <p>Members also discussed patients waiting long hours for an ambulance at GP practices, which has a significant impact on the GP workforce. There was further acknowledgement that there is a need to ensure the response model is correct, reviewing how much of these requests can be dealt with through other patient transport routes and not necessarily the ambulance service. NWS is looking to improve alternative transport options dependent on clinical need.</p> <p>The Board noted the presentations received on A&E and Ambulance performance.</p>
64/18	<p><u>CCG Quality & Safety Committee – 14/3/18</u> The Minutes were approved.</p> <p><u>CCG Executive Update – March/April 2018</u> The update was noted.</p> <p><u>Primary Care Commissioning Committee – 12/4/18</u> The Minutes were approved.</p> <p><u>CCG Finance and QIPP Committee – 23/3/18</u> The Minutes were approved.</p>
65/18	<p><u>Any Other Business</u> There was no further business discussed.</p>
66/18	<p><u>Date of Next Meeting</u> It was agreed that the next meeting would be held on <u>Friday 25th May 2018 at 9.30am</u> in the Bevan Room, 2nd Floor, St Peters House.</p>
67/18	<p><u>Exclusion of the Public</u> "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".</p>

PART 2 – CONFIDENTIAL

MINUTES

NHS Bolton Clinical Commissioning Group Board Meeting

Date: 27th April 2018

Time: 12.10pm

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

Present:

Wirin Bhatiani	Chair
Su Long	Chief Officer
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
Charles Hendy	GP Board Member
Tarek Bakht	GP Board Member
Dharmesh Mistry	GP Board Member
Romesh Gupta	Secondary Care Specialist Member

In attendance:

Melissa Laskey	Director of Service Transformation/Deputy Chief Officer
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Minutes by:

Joanne Taylor	Board Secretary
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Minute No.	Topic
5/18	<u>Minutes from the Part 2 meeting held on 23rd March 2018</u> The Minutes were agreed as a correct record.
6/18	<u>Primary Care Locality Services Procurement Update</u> Melissa Laskey updated the Board on the current position regarding the procurement of primary care locality services. The Board noted the current position.
7/18	<u>Any Other Business:</u> The Chief Officer informed the Board of CCG representation at the forthcoming Patient Safety Conference. Members noted that attendance at this conference has proven beneficial in developing patient safety locally.