

MINUTES

NHS Bolton Clinical Commissioning Group Board Meeting

Date: 25th May 2018

Time: 9.30am

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

Present:

Su Long	Chief Officer
Alan Stephenson	Lay Member (Vice-Chair in the Chair)
Tony Ward	Lay Member, Governance
Zieda Ali	Lay Member, Public Engagement
Ian Boyle	Chief Finance Officer
Jane Bradford	Clinical Director, Governance & Safety
Barry Silvert	Clinical Director, Commissioning
Charles Hendy	GP Board Member
Helen Wall	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
68/18	<p>Apologies for absence Apologies for absence were received from:-</p> <ul style="list-style-type: none"> Wirin Bhatiani, CCG Chair. Stephen Liversedge, Clinical Director, Primary Care & Health Improvement. David Herne, Director of Public Health, Bolton LA.
69/18	<p>Introductions and Chair's Update Board members introduced themselves. There were 10 members of the public in attendance at the meeting.</p>
70/18	<p>Questions/Comments from the Public on any item on the agenda Jane Bradford highlighted to the Board the National "What Matters to You" Day, which is a national initiative taking place from 28th May 2018. Board members and members of the public were invited to complete a response card to give feedback on what matters most to them, which would be shared at a local event being held that week.</p> <p>Su Long also highlighted to the Board the letter received from Public Health England congratulating Bolton on the work undertaken jointly with the CCG Primary Care team and Public Health on developing health checks. Health checks in Bolton have been exemplary as well as being ranked top for local authority areas. Public Health England has requested a written report detailing the work progressed so far through the Bolton Quality Contract highlighting how public health commissioning is working effectively.</p>

	<p>The Chair also welcomed Helen Wall to the Board, attending her first public board meeting, and congratulated her on her recent election.</p> <p>Mrs Madrick, a member of the public, raised the following comment and questions:</p> <p>At the 18th January 2018 meeting of the GM Health and Social Care Strategic Partnership Board the following statement was noted. The record number of people arriving at Urgent and Emergency Care and the ultimate admissions, demonstrated that the `care at home` model was no longer acceptable, therefore a new model of care like Care 2020 was essential. We understand Care 2020 involves greater numbers of people being given a Personal Budget for the purchase of healthcare. At the last CCG meeting we noted that a number of patients at the end of their lives were being given personal budgets.</p> <p>The questions raised were:-</p> <ul style="list-style-type: none"> • From which providers will patients at the end of their lives be able to purchase healthcare and social care? • Will patients at the end of their lives have assistance to negotiate the purchase of healthcare and social care? • How confident are you that the new providers of healthcare to patients at the end of life will have immediate capacity, and quality of services at least equal to that provided by the NHS? <p>The Chair confirmed that as these questions did not relate to any item on the board agenda, a formal response would be sent to Mrs Madrick after the meeting and appended to the Minutes from this meeting.</p>
71/18	<p><u>Declarations of Interest in Items on the Agenda</u></p> <p>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>
72/18	<p><u>Minutes of the Part 1 and Part 2 Meetings previously agreed by the Board and Action Log from 27th April 2018 meeting</u></p> <p>It was noted that most of the outstanding actions were either complete or not yet due.</p> <p>The Minutes were agreed as an accurate record and the updates to the action log noted.</p>
73/18	<p><u>Patient Story</u></p> <p>This month's patient story details case studies relating to the use of the Bolton Care Record and the positive effects this is having on patient care. The Board was taken through each case study outlining how the use of the Bolton Care Record has improved patient care.</p> <p>Board members discussed the benefits to the Bolton Care Record and the need to ensure 100% of GP practices were signed up. It was reported that by the end of the month there are five practices yet to sign up, leaving around 10% of the population uncovered. It was also noted that this system is now being adopted across Greater Manchester.</p> <p>It was reported that the scheme is driven by patient consent and the CCG has discussed with the Bolton News proposals to share the safety benefits of this scheme and to further seek patient power if they want their records shared. Members also noted that GDPR also supports direct patient care as a supportive use for any patient sharing and that record sharing currently only covers health and social care services in Bolton.</p>

	<p>Further discussions are required to review sharing records wider than Bolton. Members also discussed the need for further publicity around patient consent and ensuring patients do go to their surgeries and ask that their records be shared.</p> <p>The Board noted the patient story.</p>
74/18	<p><u>Final Annual Report, Governance Statement and Audited Accounts</u></p> <p>The Audit Committee has reviewed the attached documents and recommend for approval and adoption by the Board the Annual Report, Governance Statement, Audited Accounts and the Management Representation letter. The Board is asked to note that the accounts have been subject to audit by KPMG and the Audit Committee has received their report. The Auditors have confirmed no matters of significance to bring to the Board's attention. Commended the finance team on a good, clean audit as was the case the previous year. Thanked and congratulated Ian Boyle and the finance team for a good year end.</p> <p>Subject to the Board approval the accounts will be submitted to NHS England along with the Annual Report and Governance Statement by the NHS England Deadline of 30th May and published on the CCG website by 15th June 2018.</p> <p>Su Long also highlighted that the annual report has been developed using the national template and focused on performance throughout the year, including highlights on the developments on increasing the skill mix and new workforce in primary care, the Bolton Care Record and agreement from the North West Ambulance Service to sign up to a data sharing agreement. The CCG would be holding their Annual General Meeting again this year by the end of September 2018 where members of the public and the GP membership would be invited to discuss with the CCG a review of last year and plans for the coming year.</p> <p>Ian Boyle also thanked the finance team for their hard work and support in producing the annual accounts and the positive discussions held with both the internal and external auditors who have worked professionally with the CCG to deliver the opinion.</p> <p>The Board approved and adopted the final draft documentation prior to submission to NHS England by 30th May 2018 and publicising on the CCG website.</p>
75/18	<p><u>Report of the Chief Finance Officer including Joint Savings Performance Update Month 1</u></p> <p>In March 2018, the Board received and approved the draft financial plan for 2018/19, which identified a QIPP saving of £7.1m. A further submission was made to NHS England at the end of April, and this formed the basis of the opening financial plan. Plans have now been updated to reflect the recurrent impact of 2017/18 outturn, budget setting and latest information received from NHS England with regards to Primary Care delegated budgets.</p> <p>Further budget changes will take place during the year as a result of allocation changes, application of appropriate uplifts and the removal of QIPP.</p> <p>For 2018/19, CCGs are required to spend in line with their allocation and therefore there is no in-year control total. Having delivered a surplus in 2017/18 of £2.535m, the CCG now has a historic financial surplus of £10.8m, but in line with NHS England guidance this cannot be spent in year. The financial information for month 1 is not yet fully available due to the usual timing delays in receiving hospital data and prescribing information.</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 £7.1m and the Bolton FT ICIP target of £15.5m, and provides details of next steps to enable monitoring against the plan as a system during the year.</p>

	<p>It was also noted that the Finance and QIPP Committee has requested a joint meeting with Bolton FT's Committee in quarter 1 to review financial plans.</p> <p>The Board noted the updated financial plans for 2018/19, recognising the level of risk identified and noted the process in place by the Executive Team and Finance & QIPP Committee to review scenarios on a monthly basis.</p>
76/18	<p><u>CCG Corporate Performance Report</u></p> <p>The main points highlighted from this month's performance report were:-</p> <ul style="list-style-type: none"> • A&E performance, in particular the significant increase in the number of patients attending A&E. Over the past few weeks, 2 days have seen in excess of 400 attenders, equating to 30 to 40 patients a day over the expected number of attendees. It was further reported that the last two months has seen significant improvement in performance despite the increase in attendance and work is underway to build the new front end in A&E, which will help with new streaming models. • Elective care and the flu epidemic in winter which necessitated the need to cease some elective activity in the month of January has now created a significant backlog. Work to reduce this backlog is now progressing with the CCG putting investment into Bolton FT to move patients through the system quicker, in particular in the areas of ophthalmology, orthopaedics and general surgery. It is envisaged that September will see these targets reduced. • Challenges around diagnostics, in particular endoscopy, over the year. A new endoscopy suite is due to open in June which will help make significant progress on performance. It was also noted that the CCG has received a letter from Jeremy Hunt congratulating the CCG on the improvements made in diagnostics. • Cancer targets continue to perform well. • Mental Health and the opening of Honeysuckle Lodge, which is a facility to look after women with challenging behaviours previously housed in out of area placements. The facility will provide accommodation for up to 14 patients and currently there are 7 patients with a view to further beds being filled over the next few weeks. Positive comments have been received from patients already transferred. There are also improvements being seen in performance with regard to mental health workers in A&E. The challenging area is being seen in the Improved Access to Psychology Therapies (IAPT) performance due to staffing problems, however these issues are being resolved and it is envisaged performance will start to improve. • There were two post 72 hour Clostridium Difficile (CDI) positive cases in March 2018, both of which had lapses in care. The themes related to a delay in stepping down from IV to oral antibiotics and a delay in sending a specimen once symptoms started. The total number of cases for 2017/18 is has reported 30, compared to 37 cases in 2016/17. Of these, 17 had lapses in care and are considered as performance cases against the Bolton FT threshold of 19 cases. • There were 18 serious incidents (SIs) at Bolton FT in 2017/18, including two never events. 3 SIs were reported in March 2018, including two falls and an avoidable cardiac arrest. This will be written into an annual report with appropriate analysis of themes and trends and reported via the Quality and Safety Committee. This report will include SIs from other providers and those related to safeguarding reported by the CCG. <p>Su Long also updated the Board on the work progressing jointly with the CCG and Bolton FT to review the data on the increase in A&E attendances. The data collected details where patients are coming from, breakdown by age and other factors to see if there is anything identifiable. Further reports on the review will be presented back to the Board through the performance report and will be fully reviewed by the Urgent and Emergency Care Board.</p>

	<p>It was also reported that the CCG has recently had their Quarter 4 assurance review with the Greater Manchester Health and Social Care Partnership (GMH&SCP) on behalf of NHS England. GMH&SCP had highlighted the excellence performance on cancer targets.</p> <p>The CCG's approach to elective care and the failure to meet the 18 week standard was further discussed by the Board. The CCG has agreed to pay for activity above contract to bring waiting times in line. Bolton CCG is in the minority of commissioners seeking to do this, due to the financial environment the NHS is currently working in, however the CCG has acknowledged the importance of ensuring targets are met and the current challenges with waiting times, in particular in ophthalmology. The CCG has worked collaboratively with Bolton FT to design virtual clinics for ophthalmology which have created 8,000 appointments per annum. Further work is ongoing in key specialties including ophthalmology to bring waiting times down.</p> <p>The Board noted the performance report and agreed that a full report on the actions being taken jointly with Bolton FT to reduce waiting times and ensuring capacity is in the system to meet the 18 week waiting time target will be presented to a future meeting.</p>
77/18	<p><u>CCG Executive Update – April/May 2018</u> Members discussed the concerns being raised by the GP membership with regard to the move of MRI scanning to Bolton FT and sought assurance that there would be no impact on service delivery. It was reported that the CCG Executive are to have further discussions on this service change which would then be presented to the Board for formal approval.</p> <p>The update was noted.</p> <p><u>CCG Audit Committee – 18/4/18</u> Members' attention was drawn to the internal audit report and the limited assurance received on Broadcare. It was noted that Internal Audit has identified a number of recommendations for implementation over the coming months. Tony Ward emphasised that the CCG is an early adopter for this system which is still in the early stages of development. The Audit Committee had agreed that whilst limited assurance had been given, there were no areas of concern at this stage. The Committee will receive an update on actions over the coming months.</p> <p>The Minutes were approved.</p> <p><u>CCG Finance and QIPP Committee – 27/4/18</u> The Minutes were approved.</p> <p><u>CCG Health and Safety Committee – 23/4/18</u> The Committee noted the positive position regarding the continuing reduction in staff sickness.</p> <p>The Minutes were approved.</p>
78/18	<p><u>Any Other Business</u> There was no further business discussed.</p>
79/18	<p><u>Date of Next Meeting</u> It was agreed that the next meeting would be held on <u>Friday 29th June 2018 at 9.30am</u> in the Bevan Room, 2nd Floor, St Peters House.</p>

80/18

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”.



Telephone 01204-462030
Our Ref: SL/JT/MrsMadrackL1
Your Ref:
Date: 1st June 2018
E-Mail: Su.long@nhs.net

VIA EMAIL

Dear Mrs Madrick,

Thank you for your recent questions which were raised at Bolton CCG's public board meeting on 25th May 2018. As promised, please find below answers to the questions you raised specifically in relation to personal budgets for patients at the end of their life.

Your question started with a statement from the GM Health and Social Care Strategic Partnership Board of 18th January 2018 which noted that:

"The record number of people arriving at Urgent and Emergency Care and the ultimate admissions, demonstrated that the 'care at home' model was no longer acceptable...therefore a new model of care like Care 2020 was...essential."

You stated that your understanding is that Care 2020 involves greater numbers of people being given a Personal Budget for the purchase of healthcare and that you noted that, at the last CCG board meeting, a number of patients at the end of their lives were being given personal budgets.

I thought that it might be useful to provide some brief details on Care 2020. Care 2020 is a name given to a piece of Greater Manchester work that is has recently commenced, which will look to increase and improve the availability of care at home; however what that care will look like and how it will be arranged has not yet been designed or tested. Part of the redesign of home care services is likely to involve personalisation and the greater use of Personal Budgets (local authority funded as these relate to social care needs) and Personal Health Budgets (NHS funded as these relate to health care needs).

Personal Budgets (funded by the Council) are already available for those who wish to receive them and presently they can be used to employ carers or purchase care from care providers. Personal Budgets do not replace or replicate the care that is available from community nursing services, Macmillian or the local hospice. Personal Budgets are not mandatory but are available if the person or family choose to use them as a way of taking more direct control over the provision of care to them.



As Care 2020 is yet to be designed, we do not know at this point from which providers patients at the end of their lives will be able to purchase their care.

Care 2020 (with Personal Budgets) is unlikely to wholly replace the current services provided by the NHS and the local hospice, but may in the future supplement these services or be another option available to people when considering home care.

In response to your specific questions, I can confirm that Bolton is currently testing Personal Health Budgets (PHBs) with a small group of patients who may be interested in utilising a PHB for their end of life care within their own home. A Care Support Plan is co-produced with the patient so that their needs and wishes can be agreed and planned prior to any deterioration in their health. Family members and carers are very much encouraged to be part of this process and advocacy support services are also available if required.

District Nurses, employed by the NHS, will continue to provide the health/nursing aspect of the PHB for patients who live in their own homes. For the other elements of their care at home, patients can purchase this from providers on the joint framework (between Bolton CCG and Bolton Council). However, if patients have a specific request for a provider who is not on the framework, their Care Co-ordinator will assist with ensuring that this is met, wherever possible. The providers of care are closely monitored to ensure that they can deliver safe, timely, high quality care for patients. Patients can also choose to receive support from a broker to arrange the care they decide to purchase.

I hope that this answers your questions. Please do not hesitate to contact me if you require any further information.

Yours sincerely,

Su Long
Chief Officer
NHS Bolton Clinical Commissioning Group

PART 2 – CONFIDENTIAL

MINUTES

NHS Bolton Clinical Commissioning Group Board Meeting

Date: 25th May 2018

Time: 11.00am

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

Present:

Su Long	Chief Officer
Alan Stephenson	Lay Member (Vice-Chair in the Chair)
Tony Ward	Lay Member, Governance
Zieda Ali	Lay Member, Public Engagement
Ian Boyle	Chief Finance Officer
Jane Bradford	Clinical Director, Governance & Safety
Barry Silvert	Clinical Director, Commissioning
Charles Hendy	GP Board Member
Helen Wall	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
8/18	<p><u>Apologies for absence</u> Apologies for absence were received from:-</p> <ul style="list-style-type: none"> • Wirin Bhatiani, CCG Chair. • Stephen Liversedge, Clinical Director, Primary Care & Health Improvement. • David Herne, Director of Public Health, Bolton LA.
9/18	<p><u>Minutes from the Part 2 meeting held on 27th April 2018</u> The Minutes were approved as an accurate record.</p>
10/18	<p><u>Primary Care Locality Services Procurement Outcome</u> Further to previous discussions held, the Board received a report detailing the outcome of the procurement process for the Primary Care Locality Service and recommended the award of the contract, with expected start date of the service being end June 2018.</p> <p>The Board approved the recommendation in the report regarding awarding the contract for the Primary Care Locality Service.</p>