NHS
Bolton Clinical Commissioning Group

MINUTES

NHS Bolton Clinical Commissioning Group Board Meeting

Date: **2nd May 2014**

Time: **12.30pm**

Venue: **Main Meeting Room, Friends Meeting House**

Present:

Wirin Bhatiani	**Chair**
Joe Leigh	**Vice Chair & Lay Member Governance**
Ann Benn	**Lay Member Public Engagement**
Stephen Liversedge	**Clinical Director, Primary Care & Health Improvement**
Colin Mercer	**Clinical Director, Clinical Governance & Safety**
Barry Silvert	**Clinical Director, Commissioning**
Charlotte Mackinnon	**GP Board Member**
Charles Hendy	**GP Board Member**
Shri Kant	**GP Board Member**
Tarek Bakht	**GP Board Member**
Annette Walker	**Chief Finance Officer**
Su Long	**Chief Officer**
Clare Todd	**Interim Nurse Member**

In attendance:

Lucy Ettridge	**Head of Communications & Engagement**
Gill Green	**Director of Operations & Nursing, GMW**
Neil Thwaite	**Director of Service & Business Development, GMW**
Alice Seabourne	**Lead Consultant, Bolton Directorate, GMW**
Jon Vanniekerk	**Lead Consultant, Bolton Directorate, GMW**
Jayne Wright	**District Services Network Director, GMW**

Minutes by:

Joanne Taylor	**Board Secretary**

Minute No.	Topic
55/14	**Apologies for absence** Apologies were received from Wendy Meredith, Alan Stephenson and Darren Kilroy.
56/14	**Introductions and Chair's Update** Board members introduced themselves. There were 35 members of the public recorded on the attendance sheet. The Chair reported that this was the last public board meeting that Clare Todd, Interim Nurse Board Member, would be attending. The Board wished to thank Clare for her work and support over the past months. Mary Moore, the new Chief Nurse would be commencing in post from 26th May 2014.

	The Chair also reported that Lucy Ettridge, Head of Communications and Engagement was also attending her last Board meeting. Lucy was leaving the CCG on 9th May. The Board thanked Lucy for her hard work and support and wished Lucy well in her future role.
57/14	**<u>Questions/Comments from the Public on any item on the agenda</u>** The Chair outlined to the public the role of the CCG, in ensuring patients received the best care possible and pointed out that although this is a board meeting held in public, due to the nature of the items to be discussed at this meeting, members of the public would be given the opportunity and time to raise their questions, which would be taken into account by the Board when looking at the decisions to be made. Questions, comments and concerns were raised by members of the public relating to the item on the agenda on the decision following consultation on GMW service change and included: • Is integrated healthcare for elderly people the right care? • Concern bed loss will create real problems and gaps, especially for the elderly, and will result in patients being treated out of area. • Concern about increase in suicide rates, and patients not receiving the right care. Ward closures will result in more people suffering. • The fear of taking beds away from the local community. Some people cannot be looked after in their own homes and families need to be supported, however some families are also not able to travel further afield to visit relatives, with some not able to drive. • Support that home based care works and the Board should agree the change. • The mother of a recent suicide victim said she believed if her son had been admitted he would still be alive today. • Statement that resources are not there for people to be cared for in the community. Trying to get more out of what exists will not work. • September 2014 is 17 weeks away, giving no time to properly assess the proposed changes. Is the September date moveable?
58/14	**<u>Declarations of Interest in Items on the Agenda</u>** A generic interest was declared by all GP Board members on the item on Funding for Integration and Proactive Case Management. It was noted, however, that no specific decision was required by the Board. This item was an update for the Board to note progress on previously agreed financial plans.
59/14	**<u>Minutes of Meetings from Part 1 and Part 2 previously agreed by the Board and Action Log from 28th March 2014 meeting</u>** **The Minutes were agreed as an accurate record and the update on the action log noted.**
60/14	**<u>Decision following Consultation on GMW Service Change</u>** The outcomes of the consultation on home based mental health care, the final proposal from GMW as a result of the consultation and the CCG report recommending decision were presented to the Board. It was noted that an extensive consultation exercise had been carried out with a huge range of views received, which had been taken into account in the proposal put forward. Board members raised questions with the GMW representatives present, Dr Jon Vanniekerk, Gill Green, Neil Thwaite, Alice Seabourne and Jayne Wright. The questions raised were: • The plans for home based care described undertaking a more intensive visit to patients. Can the plans be outlined to the Board? It was reported that the home

based treatment team will be different from how the crisis team has worked before. All the required functions will be carried out by one team. With the significant investment in the RAID team, this has already allowed GMW to focus care on home based treatment, having a consultant lead team and being more responsive. The positives to this are that this will be a service able to provide intensive treatment, seeing patients up to three times a day and if there are concerns about their ability to copie with this, patients will be given a hospital bed. GMW would be running events on the 28th May to discuss any further concerns with service users. An update was also received on the service for older adults and the expansion of the team for home based care for the elderly.

- A question was also raised on the resilience of staff in answering phone queries. The Board sought assurance that when someone makes contact with the crisis response/home based care team, they will not get an answerphone. GMW responded and gave assurances that within the new model of care, people would be able to speak to a member of staff who would provide advice or deal with their query. With regard to GPs ringing the service, this would be provided through the single point of access.
- A question was raised on the concerns raised by carers on the burden on them of looking after someone at home for the periods between the home based care visit and how would GMW ensure the carer can cope. GMW responded by saying that if the situation is that the carer cannot support the patient at home, admission will be an option to take in every case. GMW do include carers in all aspect of service changes and work with them to ensure full support by carrying out assessments, giving opportunities for respite etc.
- The important area around travel and families maintaining contact and the importance of this were also raised and the need to seek reassurance that this has been taken on board. GMW confirmed that they were aware that this is an issue and were committed to running the free shuttle bus and would be flexible on where the pickup points were. GMW will also be asking patients and families, as part of routine admissions, whether travel arrangements were adequate and what support they needed.
- Having listened to the public, there were still key concerns being raised. It was agreed that further monitoring on patient experience was required and GMW would put some early reporting in place to ensure anything not working correctly was flagged at an early stage. GMW confirmed commitment to working with the CCG to get the required measures in place within the proposed implementation period.
- A question was raised on what the evaluation from Manchester University would include. It was noted that GMW was currently in discussions on this 12 month piece of research around implementation and outcomes and further decisions were being sought before this proceeded further. The CCG would be included in the planning of this.
- Concerns were also raised regarding patients moving from a hospital site and what steps would be taken to mitigate risks for elderly patients with complex conditions ensuring access to medical expertise quickly. GMW responded by saying that people needed to be treated appropriately in the correct setting. For day to day physical health issues, the expansion of the physical healthcare team at Woodlands would be able to deal with this care and patients would be transported for routine medical appointments. Extra support may be needed for people becoming unwell and appropriate arrangements will jointly be managed with GMW, Bolton FT and the CCG.

  It was reported that some members of the Board had visited the Woodlands facility and were impressed with the service offered and felt this would be an asset to the service changes being proposed.

	• The report was praised for reflecting the changes as a result of the consultation process. Regular reporting the Board is required if there are problems during implementation. It was acknowledged that the proposal is for the CCG to jointly work with GMW on the routine monitoring process and there was a strong commitment from both organisations to do this. • The process for stepping people down to GP care was also outlined to the Board. If people have conditions but are stable, there is no sense in seeing these patients every week or month. This is about seeing the right people at the right time, and when help and support is needed, this will be available to the patient straight away. Consultants are happy to take calls with GPs to discuss referrals and were now seeing patients on average within 7.2 days. To allow responsiveness and to allow adequate time to see patients, services would need the support from primary care for GPs to see more stable and settled patients but know a discharge plan is readily available. • A question was also raised on how GMW planned to communicate to service users and carers if the changes proposed were approved. A communication plan had been developed and would be cascaded if the proposals were approved. This would be done via the press, website, twitter, facebook and more importantly through a series of individual communications for service users and via key contacts and organisations. It will be a stepped planning process to ensure effective communication out to Bolton residents. **Due to the fit with CCG Strategy and mitigation put in place, the Board approved the recommendations to:** • **Support the revised proposal from GMW.** • **To approve the immediate commencement of implementation by GMW of the community based investment and capital programme.** • **To approve the mitigation plans for the high level risks arising from the consultation outlined in section 4 of the report.** • **To receive evidence against key measures at the September 2014 public Board meeting in order to make a decision on the closure of beds.** • **Between now and September, to present exception reports to the Board.** • **To receive a further evaluation after the first year of implementation.** • **To ensure right messages are publicised on the CCG website on bed availability, GMW events and evaluation of the service change.**
61/14	**<u>Decision following Consultation on Intermediate Tier Review</u>** Barry Silvert left the meeting at this point and Melissa Laskey, Associate Director of Commissioning, attended on Barry's behalf. The report detailed the next steps to implementing the 'Think Home First' approach to improving and integrating intermediate tier services in Bolton, following consultation. The findings from the review and the outcomes of the consultation findings had previously been shared with the Board. It was acknowledged that this was a real step forward on joint integration work. Board members agreed that these developments would lead to services being designed to fit around people's needs and building services around the patient. A key issue was raised regarding the need to ensure effective monitoring mechanisms were in place. Dr Liversedge raised issues on the effectiveness of this redesign being dependent on proper implementation. Assurance was given that when service specifications were being finalised, if the CCG did not feel assured that the chosen provider would respond appropriately, competitive procurement would be undertaken. This process would be carried out via

	contractual levers with additional monitoring and compliance measurements in place. It was acknowledged that this process and implementation of a standard model would be used for all future service changes. **The Board approved the proposal to delegate authority to the Chief Officer to work with the CCG Executive to finalise the service specification, commission the required realignment of staff to community and expansion in community provision to 7 days and sign off the joint investment and savings agreement with Bolton Council.** **The Board also agreed to receive regular reporting from the Joint Transformation Board to the CCG Board, to ensure further close monitoring on delivery of expectations.**
62/14	**<u>Funding for Integration and Pro-Active Case Management</u>** The Board received an update on the funding process with regard to proactive care for high risk patients, in relation to providing new enhanced services that complemented the CCG's objectives. The plans for Bolton included the development of a DES for 2014/15 to avoid unplanned admissions and proactive case management with specific focus on care of patients over 75 and the frail and elderly. These proposals had been discussed by the CCG Executive and Governance and Risk Committee using the conflicts of interest policy. The proposals included a proportion of investment to support GP practices to engage with the most vulnerable patients and funding to provide investment to community nursing to participate with practices in the care planning and review of patients. The benefits and risks were also outlined. Members discussed the proposals and questions raised were on the requirements for a more skilled workforce to manage additional long term condition patients. It was acknowledged that the proposal was for senior nurses within the system to be directed to this work, and retrain if necessary, to support GP practices. Dr Liversedge commented on the discussions held with GP practices on these proposals. There was a minority of practices not keen on the £2/£3 split between community nursing and GP practices, with some practices seeking the whole of the £5 per head. From discussions held at the CCG event the previous week, it was clear that there was confusion from GP practices regarding the allocation of hours from the district nursing service to GP practices and the option for this to be an in-practice resource. The comments received were acknowledged. It was discussed that, as commissioners, the CCG's role is to reduce variation across and work on a standardised offer, which can then be adapted by practices for those who need offers to be tailored more individually. However, the CCG's main role would be to apply a generic commissioning approach across the borough to meet the needs of Bolton people. It was also noted that agreement would be reached with GP practices that if schemes were delivered, the aim would be for the funding to become recurrent. **The Board noted the actions undertaken namely:** • **The Board's previous approval to the £5 per head in the Financial Plan (March).** • **The proposal had been discussed at the Executive & Governance & Risk Committee.** • **The engagement undertaken with GP practices.** • **The Chief Officer to authorise the release of £2 per patient to Practices, using the CCG conflicts of interest policy.**

	• **Further detailed planning for £3 investment and provider engagement to be undertaken before eventual decision, led by Chief Officer as above.** • **Regular reporting to the Executive and Board on alignment of other investments to achieve the new model of integration from the Joint Transformation Group.**
63/14	**Appointment of Remuneration Committee Chair** The Remuneration Committee terms of reference state that the Governing Body shall appoint the Chair of the Committee annually from amongst the lay membership and this will be carried out at the Governing Body's meeting in April each year. **This was considered by the Board and agreed that Joe Leigh be appointed as Chair of the Remuneration Committee for a further 12 months.**
64/14	**Quality and Safety Report** The main highlights from the report were presented. The Board was informed that the CCG has been shortlisted for a HSJ award on changing culture with regard to incident reporting. The patient stories were highlighted. These referred to post operative care and hypothyroid treatment in pregnancy. The correction required to the spelling in the title of hypothyroid was noted. It was also noted that the Falls Strategy previously published by Bolton FT has made a significant impact on performance with a striking reduction being recorded. The Board wished to congratulate Bolton FT on this reduction. From the CCG Incident reporting system, a theme of concerns has emerged from GP practices which were being actively addressed and managed through the Quality and Performance Group. Concerns were raised regarding the information on GMW's serious incident reporting processes. It was acknowledged that there were a significant number of overdue incident reports. The three CCGs were working closely with GMW to resolve this issue and ensure that policies and procedures align to national guidance for serious incident reporting. A deadline had been set to action this by the next contract meeting with GMW. **The Board noted the update. With regard to the total number of falls recorded, the Board requested information on the number of patients this related to.**
65/14	**Performance Report** Performance against key targets for the month of February 2014 were presented. The 4 hour A&E target had been achieved in both February and March, although the April target had failed at Bolton and hospitals across Greater Manchester. The 18 week referral to treatment target continued to be achieved. The exceptions reported were on C Difficile rates which Bolton FT had reported 3 further cases in February and 2 cases in March, bringing the total to 38 for the year against a full year target outturn of 28. The 62 day cancer target had failed with 7 out of 42 patients being breached. Further detail on the specific reasons for the delays in onward referral for all 7 cases had been requested. With regard to patients referred under the cancer 2 week wait rule in January, Bolton FT had provided information to the CCG which confirmed that, of the 47 patients seen outside 14 days, 7 had been subsequently diagnosed with cancer. It was not possible to assess the potential impact of the delay on the individual outcomes for the patient.

	It was also noted that the IAPT recovery rate target had marginally failed, however Think Positive had performed well achieving a target of 61.5%. There had also been 1 mixed sex accommodation breach with a full root cause analysis requested. There had also been 2 contract notifications issued to providers where performance concerns had been raised. This was for Bolton FT to provide a remedial action plan for the Child and Adolescent Mental Health service (CAMHs) due to concerns regarding waiting times, patient experience and responsiveness of the service and also for Bolton FT to provide an action plan for the rheumatology service for the commencement and monitoring of specific drugs (DMARDs). Both will be reviewed, approved and closely monitored by the CCG Executive. Failure to deliver on both these areas would lead to further contract escalation and Board consideration of alternative options to the current provider. It was discussed that any changes with regard to the CAMHS should not impact on the work developing within the GMW service change. The Board discussed the need to seek assurances on the general quality on timescales and action plans requested and the delivery of these. The issue of monitoring these was also discussed. It was noted that tight definitions are given once meetings are held, with action plans being required to be provided within 10 working days. Failure to comply with these timescales could result in the CCG withholding contract payments. It was acknowledged that processes could be improved, however the CCG Executive had seen the action plans from DMARDs and CAHMS and would continue to scrutinise these regularly. Further to a previous request from the Board, information on comparisons on performance across all providers was tabled. **The Board noted the update and requested further information be provided on the delivery of action plans on the areas where these had been requested.**
66/14	**<u>Report of the Chief Finance Officer</u>** The Board was informed that the CCG's statutory accounts had now been produced for 2013/14 and submitted to NHS England and the auditors by the required deadline. The CCG had delivered the required 1% year end surplus of £3.312m and had controlled expenditure for running costs within the £25 per head. This was noted as an excellent achievement and thanks were given to the Finance team who had worked hard to achieve this. It was noted that the QIPP forecast set at £8m did under deliver due to year end activity over performance. Plans were underway to address this and to deliver on the 2014/15 target. It was also reported that the continuing care/funded nursing care year end overspend has increased significantly from last month's forecast of £44k to £641k. There was a risk contingency in place in this area due to the need to be prudent around CHC legacy issues and incorrect invoicing with one provider. The CCG had also delivered the requirements on business conduct. This was an important achievement to ensure suppliers were paid within the required timescales. It was also reported that the CCG was now ready to sign the contract with Bolton FT. Members discussed planning for the next financial year, reflecting on the year end position. It was noted that the CCG had set contingency aside and would be reviewing the outturn in quarter one to see if there was a need to make any changes to the financial plan.

	This process would be continually monitored and a forecast received each month to see if there is any effect on the outturn. The CCG was well versed in forward planning, which would also include planning for additional investments in year to ensure the CCG was financially on track. An issue was raised regarding the commissioning of services and an example given whereby the CCG had commissioned for 1,900 cataracts to be undertaken by Bolton FT with the actual number undertaken being 2,500. It was reported that part of the negotiations with Bolton FT are about ensuring compliance with policy and that this would be monitored through the contract process. **The Board noted the update.**
67/14	**<u>CCG Executive Update</u>**: The update was noted. **<u>GM Association of CCGs Summary from 1/4/14 meeting:</u>** The summary was noted. It was noted the summary document printed in the papers had not printed correctly, some words were missing. The version on the CCG website would be checked to ensure this was correct. It was noted the version emailed to members was correct. **<u>Minutes from</u>** <u>Quality & Safety Committee 12/3/14</u> The minutes were noted. <u>Health & Wellbeing Board 19/3/14</u> The minutes were noted.
68/14	**<u>GM Effective Use of Resources Policy Update</u>** The Board received an update on three policies that have been through the agreed GM EUR Governance arrangements and were approved by the AGG in April: • Lycra Body Suits (New) • Aesthetic Breast Surgery (Update) • Tonsillectomy Procedures (Update) CCG governing boards are the statutory organisation for decision making on commissioning policy. The Board was assured that these policies have been through a robust governance process through their development including, locally, engagement with CCG Clinical Directors and comparison to current policy at CCG Executive. These policies, whether a previous policy existed or not, do not materially change the commissioning offer from Bolton CCG. Once approved by Board these policies will supersede any existing policy and be published on the CCG website. This information will also be circulated to GPs and secondary care providers. The benefit of ensuring policies are aligned across GM to provide a consistent, evidence based offer to the public was noted. **The Board ratified the policies.**
69/14	**<u>Any Other Business</u>** There was no further business discussed.

70/14	**Date of Next Meeting** Due to the deferment of the April Board meeting to 2nd May, the Board agreed that the meeting scheduled for 23rd May should be deferred to **Friday 30th May** 2014, from 12.30pm in the Main Meeting room, Friends Meeting House.
Part 2 Board Meeting (if required):	
71/14	**Exclusion of the Public** The Chair confirmed there were no confidential matters to be discussed and, therefore, the Board meeting was closed.