

## MINUTES

### NHS Bolton Clinical Commissioning Group Board Meeting

Date: 27<sup>th</sup> October 2017

Time: 12.30pm

Venue: The Bevan Room, 2<sup>nd</sup> Floor, St Peters House, Silverwell Street, Bolton

Present:

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

In attendance:

Melissa Laskey	Director of Service Transformation
Hannah Carrington	Engagement Officer, Bolton CC

Minutes by:

Joanne Taylor	Board Secretary
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Minute No.	Topic
158/17	<p><b><u>Apologies for absence</u></b></p> <p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> <li>Tony Ward, Lay Member Governance.</li> <li>Jane Bradford, Clinical Director Governance and Safety.</li> </ul>
159/17	<p><b><u>Introductions and Chair's Update</u></b></p> <p>Board members introduced themselves. There were 8 members of the public in attendance at the meeting.</p> <p>The Chair welcomed Ian Boyle, new Chief Finance Officer, to his first public board meeting. Ian commenced in post on 1<sup>st</sup> October 2017. On behalf of the Board, the Chair welcomed Ian to the CCG.</p>
160/17	<p><b><u>Questions/Comments from the Public on any item on the agenda</u></b></p> <p>There were two questions that had been sent in advance of the board meeting. The question raised by Christine Howarth referred to the Healthier Together business case, in particular the plans to reduce the number of beds available in hospitals, the impact on patients treated at Bolton and Wigan and plans to close beds across the North West Sector.</p> <p>The second question raised by Mrs Madrick also related to the Healthier Together Business Case and related to the proposal to deliver clinical improvements to emergency surgery and other complicated surgeries for a minority of very sick patients from a specialist unit at</p>

	<p>Salford, the closing of beds at Bolton and Wigan and the introduction of a new model of care outside of hospital. Mrs Madrick also commented on the lack of public consultation on the Healthier Together options and the lack of NHS funding to avoid the situation where, under this plan, seriously ill patients will be transferred to Bolton or Wigan and then to Salford.</p> <p>The Chair acknowledged the concerns raised and acknowledged the important issue that when people need a hospital bed, there is one available for them. However, the principles discussed by the Board in previous meetings, that being in a hospital bed/environment can be detrimental to a person's health, and that people are only be in a hospital bed when needed, remains the correct pathway to follow. The public is constantly telling the CCG that they want to be treated in their home wherever possible, and the Greater Manchester transformation plans, as well as the Locality Plan, are aligned to these principles.</p> <p>The Chair also referred to the quotes raised by Mrs Howarth and confirmed that, although concerns are expressed on bed closures, there is agreement that community alternatives are important and the only way to create community alternatives is to take money out of costly, labour intensive beds, without double running and transitional funding will allow alternatives to develop.</p> <p>The Chair agreed with the anxieties raised, but acknowledged that locally, Bolton is looking to achieve aspirations in a planned way, however challenging this may be. With regard to the questions raised by Mrs Madrick, the full Healthier Together Business Case addresses the issues raised in some detail. The Chair also reported that public consultation on Healthier Together had commenced five years ago, which had led to a judicial enquiry which had been successfully defended and which was now an important part of the Greater Manchester plan. The Chair acknowledged there are still issues with the Healthier Together plans which a being addressed to realise the benefits, in particular in areas such as stroke and heart centralisation.</p> <p><b>The Chair invited both members of the public and the groups they represent to meet up with him and senior leads from the CCG to discuss in more detail the Healthier Together business case and plans to gain a joint understanding.</b></p>
161/17	<p><b><u>Declarations of Interest in Items on the Agenda</u></b></p> <p>GP Board Members and Clinical Directors declared an interest in the item on the agenda on the Bolton Quality Contract End of Year Report. Any conflicts of interest regarding this item would be dealt with as the item was being discussed.</p> <p>The Board noted that on-going declarations of interest stood for every Board meeting and were publicised on the CCG's website.</p>
162/17	<p><b><u>Minutes of the Part 1 and Part 2 Meetings previously agreed by the Board and Action Log from 22<sup>nd</sup> September 2017 meeting</u></b></p> <p>It was noted that some of the timelines for the outstanding actions have been revised and will be actioned over the coming months.</p> <p><b>The Minutes were agreed as an accurate record and the updates to the action log noted.</b></p>
163/17	<p><b><u>Patient Story</u></b></p> <p>This month's patient story focused on the health check programme and was presented through a video published by NHS England, relating to a Bolton patient's experience of undergoing a health check and how this can detect other health problems at an early stage.</p>

	<p><b>The Board noted the positive outcomes presented in the video regarding health checks and, in particular, the good work happening in Bolton through the Bolton Quality Contract.</b></p>
164/17	<p><b><u>System Response to A&amp;E Challenges</u></b></p> <p>The Board received a joint presentation from the Council, Bolton FT and CCG on the current challenges in A&amp;E.</p> <p>Currently Bolton is not achieving the national standard, which has deteriorated over the last year with a quarter of patients not being treated within the 4 hour standard. Bolton has received a clear mandate to achieve 90% moving to the national 95% standard. Performance has deteriorated due to workforce shortages, Bolton being the busiest single A&amp;E site in Greater Manchester with a third of patients attending from outside the area, physical capacity in bed base due to a number of patients waiting for care in another setting and high attendance rates with patients with mental health and drug/alcohol problems. Whilst capacity is being built into these services, these issues are having a significant impact on A&amp;E.</p> <p>Work is developing jointly across the health and social care system to address these challenges. This includes work to develop an internal “flow” redesign in the hospital to reduce length of stay and increase capacity, enhancing senior clinical presence for timely and clinically appropriate decision making on admissions, implementation of the “streaming” model at the front door, with a primary care stream during peak hours, discharge to assess implementation to reduce the number of people in hospital who do not medically need to be there and fully embedding the Integrated Discharge Team and Trusted Assessment process to ensure patients only receive one assessment rather than a number of assessments from different services.</p> <p>A&amp;E is a measure of how well the system is working. This includes social care, public health developments, nursing/residential capacity, reablement capacity and working with the ambulance service to look at alternatives to hospital pathways.</p> <p>The presentation also highlighted the current risks in the system which included the need to assure the required capacity is in place, in particular in nursing/residential care homes and for the elderly mentally ill. The cuts to public health services and potential flu outbreak were other risk areas discussed.</p> <p>Also highlighted was the additional partnership work that has developed to alleviate the pressures which included joint funding to recruit up to 16 additional home care assistants and 3 additional social work practitioners to the integrated discharge team, one to be deployed from the Central Manchester Hospital Trust to provide a link to mental health services and to co-ordinate all mental health discharges.</p> <p>Members also discussed the North West benchmarking report tabled at the meeting on the quality and efficiency score card for the frail elderly, which shows Bolton in a good position. Members discussed if the joint developments presented were helping with system issues and acknowledged the real opportunity available to support patients with mental health and drug/alcohol issues. Members again acknowledged that a hospital bed is not the place for those patients who are well enough to be cared for in their own homes.</p> <p>Members also discussed the need to hold to account those partners outside the area who have an impact on Bolton's performance.</p> <p><b>The Board noted the update detailing the developments and plans in place to improve performance in A&amp;E.</b></p>

165/17	<p><b><u>No More Suicides in Bolton – Bolton’s Suicide Prevention Partnership Plan 2017 to 2020</u></b></p> <p>The Board was presented with Bolton Local Authority’s Partnership Plan on suicide prevention. A summary on progress to date was presented. This included the establishment of a local suicide audit and analysis, establishment of a multi-agency steering group established, governance established through the Population Health and Prevention Strategy &amp; Planning Group to the Health &amp; Wellbeing Board, a wider Suicide Prevention Partnership, the appointment of a Mental Health Champion and aligning this work with emerging GM Suicide Prevention plans, Children’s and Adults Safeguarding and developing strategic priorities and action plans.</p> <p>Bolton has a resilient system in place for responding to suicides locally and achieving the ambition of no more suicides in the community. A summary of local data and intelligence was also presented. This included the recent decrease in Bolton’s suicide rates, with Bolton having on average around 26 suicides a year, with twice as many suicides occurring in the most deprived areas of Bolton. Resilience, mental health and reducing risk for children and young people are a high priority. It was also noted that problematic alcohol use is associated with a fifth of all suicides in Bolton. The presentation also highlighted the national priorities and the actions developing locally in year 1.</p> <p>Members discussed the burden on primary care with the number of people presenting with mental health issues and expressing suicidal risks. It was acknowledged that further work is needed to train practice staff to enable them to have the right conversations and clear/robust processes in place to understand the screening approach further. Members also discussed the need to commission a more rapid response to a wider group of people in order to bring the necessary changes. It was acknowledged that further discussions with critical support services are needed to link the necessary pathways.</p> <p>The Chair also acknowledged the current 6 week wait target is not acceptable and there is a need to be able to respond in a timelier manner and continue to challenge if this is not achieved.</p> <p><b>The Board noted the presentation and the Suicide Prevention Partnership Plan for 2017 to 2020.</b></p>
166/17	<p><b><u>Greater Manchester Policies for Consideration</u></b></p> <p>The policies that have been through the agreed Greater Manchester (GM) Effective use of Resources governance arrangements and were approved by the Greater Manchester Association of CCGs (AGG) on the 2<sup>nd</sup> October 2017 were presented:-</p> <ul style="list-style-type: none"> <li>• <b>Surgical Correction of Trigger Finger</b> – financial savings expected as a result of adherence to clinical guidelines. Funding mechanism via individual prior approval (IPA).</li> <li>• <b>Carpal Tunnel Syndrome</b> - financial savings expected as a result of adherence to clinical guidelines. Funding mechanism via IPA.</li> <li>• <b>Other Aesthetic Surgery</b> - financial savings expected as a result of adherence to clinical guidelines. Funding mechanisms detailed within the policy and vary dependent on the procedure in question.</li> </ul> <p>This policy has already been through a rigorous governance process at GM level and via CCG Executive. If approved by the Board, these policies will be published on the CCG website, varied into provider contracts and shared throughout primary care.</p> <p><b>The Board ratified the approval of the above commissioning policies.</b></p>

167/17	<p><b><u>Bolton Quality Contract (BQC) – End of Year Report from the Primary Care Commissioning Committee (PCCC)</u></b></p> <p>The end of year report was presented. The report detailed the outcomes and associated QIPP savings for the Bolton Quality Contract. An update on each of the BQC standards was also presented.</p> <p>The report also details the number of practices who have achieved 100% for each of the KPIs and information by peer cluster groups on the amount of funding available and the amount of funding received by each practice. The report also included a league table of achievement by each practice.</p> <p>The report also detailed the funding for the contract. The funding was refreshed for 2016/17 to reflect the latest average weighted list sizes for each practice, as agreed by the Committee. It was also agreed that 60% would remain guaranteed funding and 40% available for achievement of KPIs. There was also funding agreed for Standard 20, of £930,079 from the Better Care Fund. Therefore the total funding for the Bolton Quality Contract for 2016/17 was £5,337,964. There was therefore an increase of funding for the BQC of £1,035,929 from 2015/16.</p> <p>The BQC also had a QIPP target of £1.7m, to be achieved from prescribing savings. This was achieved and, as well as achieving the QIPP target, a further £1.4m was also delivered, totalling £3.1m.</p> <p><b>The Board noted the end of year report and approved the PCCC's recommendation to continue with the BQC for a further year as a recurrent contract and that standards and KPIs for the forthcoming year are reviewed by the PCCC.</b></p> <p><b>The CCG would inform GP practices of the decision to enable them to plan to maintain the required capacity.</b></p>
168/17	<p><b><u>CCG Corporate Performance Report</u></b></p> <p>The new format report was presented which now detailed performance by exception and recovery plans for underperforming indicators. The main exception reported was regarding A&amp;E performance, with September performance at 84.7% and October performance at 89.2%. The improvement in performance was acknowledged however, as presented earlier, there is a lot of work required to achieve the 90% and 95% targets.</p> <p>Cancer performance remains a strength for the CCG. Performance against the two week wait suspected cancer target has further improved in August to 97.5% against a target of 93%. This consistently puts the CCG as one of the top performing in Greater Manchester in 2017/18. First treatment within 62 days of referral from GP has also strengthened in August with year to date (YTD) performance of 91.1% against the 85% target.</p> <p>Mental health performance has been maintained for the majority of key targets in August, most significantly a consistently high IAPT recovery rate. Year to date performance has exceeded the 50% target, with current year to date recovery rates at 61.9%.</p> <p>Achievement of the 18 week Referral to Treatment (RTT) target for patients on an incomplete non-emergency pathway was marginally maintained at 92.2% (against a target of 92%); this is a deterioration from the July position of 92.8%. Initial unvalidated data from September indicates the CCG is unlikely to achieve the 92% target for the first time in 2017/18 going into the winter months, in line with many trusts nationally. It is noted that the consistent achievement of the 92% target up until this point in the recent challenging environment is credit to the efforts of CCG and trust staff and their collaborative working. Appendix 1 includes exception reports for admitted and non-admitted 18 week performance as a proxy measure</p>

	<p>for the incomplete 18 week standard. A full exception report on the incomplete 18 week measure with actions will be included in November's report.</p> <p>As reported in last month's Board report, the recent implementation of the Ambulance Response Programme means no further performance data is currently available for ambulance services. It is expected the new measures will be available by early December. Indicators for integrated and community care are still under development and exception reports for these indicators will be provided from November's report.</p> <p>Members acknowledged the raised level of scrutiny that the Board needs to apply regarding mental health performance and agreed to invite representatives from Greater Manchester Mental Health NHS FT (GMMH) to discuss and review all mental health performance at the next meeting to be fully assured on all measures.</p> <p>Members also acknowledged that the absolute target to be achieved in A&amp;E is 95% and this needs to be achieved by April 2018. The system wide approach to exploring ways to improve and maintain this target needs to continue.</p> <p>It was further noted that clear actions and timescales to the exception reports would be included in future reports to the Board.</p> <p><b>The Board noted the update on performance targets and agreed to receive an update on mental health performance from GMMH at the next meeting. A review of referral to treatment targets would be undertaken at the January 2018 meeting.</b></p>
169/17	<p><b><u>Report of the Chief Finance Officer including CCG QIPP Performance Update Month 6</u></b></p> <p>In March, the Board received and approved the initial financial plan for 2017/18, which identified a QIPP requirement of £4.2m. The initial financial plan has been amended to take account of changes to expenditure commitments. Further budget changes will take place during the year as a result of allocation changes, application of appropriate uplifts, and the removal of QIPP. In year, the CCG needs to deliver a control total of £60k.</p> <p>In addition, the CCG has a historic surplus of £8.3m, but in line with NHS England guidance this cannot be spent in year. The CCG is on track to deliver against all key financial duties but with continued risks around the revenue and efficiency requirements.</p> <p>The financial position at month 6 is in line with the CCGs financial plan to deliver the required surplus. This includes over performance on acute contracts of £1,556k which is currently under review and validation. Prescribing spend for July has also increased and is reflected in the reported over spend position. As a result, the financial risks for both Acute Contracts and prescribing have been reduced this month but remain a concern. Pressures continue to be reported in Mental Health out of area placements and CHC, with action plans being developed to mitigate these overspends.</p> <p>A separate paper has been developed which, once approved, will be presented to the CCG Board, which details the plans to deliver the Joint Savings Programme. This combines the CCG QIPP target of £4.2m and the Bolton FT ICIP target of £20.8m, and will provide an update on delivery against the plan. In the meantime the CCG QIPP report continues to be presented as a separate paper this month.</p> <p>It was noted that the Finance and QIPP Committee has reviewed the reports in detail and the main points highlighted were regarding:</p> <ul style="list-style-type: none"> <li>• Issues with acute contracts and adverse variances.</li> <li>• Financial risk with Bolton FT, in particular agency staff spend and delivery of the</li> </ul>

	<p>savings target.</p> <ul style="list-style-type: none"> <li>• Out of Bolton FT contracts.</li> <li>• Prescribing performance and external issues impacting on the position.</li> <li>• Issues with the mental health contract.</li> </ul> <p>Members discussed the increase in activity data and the overall reduction in referrals compared to the same position in month for the previous year. Members raised concerns regarding any double payment costs given the block contract in place. It was reported that discussions are being held with Bolton FT to review the overall contract position with regard to the aligned incentive scheme and further detail will be presented to the Finance and QIPP Committee for further review to ensure the risks are reduced further.</p> <p>The Chief Finance Officer reported that it is now timely to undertake a review of the aligned incentive contract as currently activity is relatively flat but there are a number of increases in spend with other providers. The CCG will be heading into discussions on what the contract will be like for the next year and further detail on this will be presented to the Board at a future meeting.</p> <p>An update on the current position with regard to the CCG's QIPP plans was also received. The CCG is on plan to deliver its QIPP target. There is some slippage reported on the new models of care scheme, which is currently behind plan, however the expectations is that the plan will fully deliver. The CCG is also undertaking a review of 2017/18 QIPP schemes and forward planning for the next financial year. An internal audit review of QIPP processes is also being undertaken which will be helpful to review current and future QIPP governance, appropriate clinical and public engagement and equality impact assessment processes are in place. This report will be reviewed further by the Audit Committee to agree any changes to the current QIPP governance processes.</p> <p><b>The Board noted the financial position at Month 6, recognising the level of risk identified and note the process in place by the Executive and Finance &amp; QIPP Committee to review scenarios on a monthly basis.</b></p>
170/17	<p><b><u>Looked After Children Annual Report 2016/17</u></b></p> <p>The NHS has a major role in ensuring the timely and effective delivery of health services for looked after children. The purpose of the report is to provide the national and local context around looked after children, to outline how the CCG's statutory requirements are being assured, and to highlight the challenges relating to looked after children and how these are being managed. This report covers the period from 1 April 2016 until 31 March 2017.</p> <p>The Board also received a presentation outlining the work undertaken throughout the year and areas in development within the Bolton Looked After Children Health Strategy 2016-2018.</p> <p>Members discussed the current issues with regard to the transition from child to adult and the joint work developing around safe transition was highlighted which is being incorporated into the new Child and Adolescent Mental Health Service specification, where organisations need to offer packages of care for leavers. From the comments received from children, further work was progressing to follow up on the comments made and review in more detail the voice of the child.</p> <p><b>The Board received and noted the content of the Annual Report for Looked After Children 2016/17.</b></p>

171/17	<p><b><u>EPRR Core Standards Assurance</u></b>  The report updated the Board on Bolton's compliance with the core standards which has been signed off by Dr Barry Silvert, Clinical Director, Commissioning. A copy of the core standards was also appended to the report.</p> <p><b>The Board noted the assurance and noted that NHS England has rated Bolton CCG as fully compliant with all core standards.</b></p>
172/17	<p><b><u>Board Assurance Framework Quarter 2 Update</u></b>  The report provides details of the strategic, financial and operational risks associated with achieving Bolton CCG's 2017/18 objectives and its 5 year aims and provides assurance to the governing body that risks are effectively identified and monitored. Corporate risks assessed as high (15 or above) are routinely reported to the Board and these are included in the report.</p> <p>Members noted this is a new format to the report, which has been designed with Board input to present the Board Assurance Framework and organisational risks differently. The new style report allows each risk to be tracked to review factors as to why the risk is not reducing. A review of the description of each risk is required to ensure the Board and organisation is clear as to what each risk relates to.</p> <p><b>The Board accepted the Board Assurance Framework and the assessment of strategic and high level corporate risks for Quarter 2 (July to September 2017).</b></p>
173/17	<p><b><u>Health and Wellbeing Board – 14/9/17</u></b>  The Chair requested an update on the developments regarding the reform of the Health and Wellbeing Board. David Herne responded by saying that the feedback from recent survey and workshop held is now being drafted into a report with the intention that a further follow up workshop is held to review and agree the proposals presented on future governance, reporting routes and membership of the Board.</p> <p><b>The Minutes were noted.</b></p> <p><b><u>CCG Quality &amp; Safety Committee - 13/9/17</u></b>  <b>The Minutes were approved.</b></p> <p><b><u>CCG Audit Committee – 20/9/17</u></b>  <b>The Minutes were approved.</b></p> <p><b><u>CCG Finance and QIPP Committee – 25/8/17 and 22/9/17</u></b>  <b>The Minutes were approved.</b></p>
174/17	<p><b><u>Any Other Business</u></b>  There was no further business discussed.</p>
175/17	<p><b><u>Date of Next Meeting</u></b>  It was agreed that the next meeting would be held on <b><u>Friday 24<sup>th</sup> November 2017 at 12.30pm</u></b> in the Bevan Room, 2<sup>nd</sup> Floor, St Peters House.</p>
176/17	<p><b><u>Exclusion of the Public</u></b>  The Chair confirmed there were no confidential matters to be discussed and, therefore, the Board meeting was closed.</p>