

MINUTES

NHS Bolton Clinical Commissioning Group Board Meeting

Date: 25th September 2015

Time: 12.30pm

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

Present:

Wirin Bhatiani	Chair
Tony Ward	Lay Member Governance
Alan Stephenson	Lay Member (Vice-Chair)
Gerry Donnellan	Lay Member Public Engagement
Barry Silvert	Clinical Director, Commissioning
Colin Mercer	Clinical Director, Clinical Governance & Safety
Stephen Liversedge	Clinical Director, Primary Care & Health Improvement
Jane Bradford	GP Board Member
Tarek Bakht	GP Board Member
Shri-Kant	GP Board Member
Charles Hendy	GP Board Member
Su Long	Chief Officer
Annette Walker	Chief Finance Officer
Mary Moore	Chief Nurse
Romesh Gupta	Secondary Care Specialist Member
Wendy Meredith	Director of Public Health, Local Authority

In attendance:

Hannah Carrington	Engagement Officer
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Minutes by:

Joanne Taylor	Board Secretary
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Minute No.	Topic
124/15	<p><u>Apologies for absence</u> There were no apologies for absence.</p>
125/15	<p><u>Introductions and Chair's Update</u> Board members introduced themselves. There were 5 members of the public recorded on the attendance sheet.</p> <p>The Chair reported on the CCG's Annual General Meeting to be held on Wednesday 30th September commencing from 5.30pm to 7pm in the Ashton Suite, The Holiday Inn, Higher Bridge Street, Bolton and invited people to attend. The Chair reported that AGM will take the form of presentations on the annual report and achievements with interactive question and answer sessions, followed by the launch of the War on Waste campaign. The AGM will end with a hot buffet supper around 7pm.</p>

	<p>The Chair also reported that Alan Stephenson had been appointed as the Vice-Chair, following the departure of Joe Leigh.</p> <p>It was also reported that, as part of Greater Manchester devolution, there are agreements between local authorities that they will share a proportion of their public health activities at a GM level in order to avoid duplication and make the most of resources available. Wendy Meredith has been offered and has accepted a secondment into the new role of Interim Director of Population Health Transformation and will be overseeing these changes. It was possible that this may be Wendy's last board meeting and, on behalf of the Board, the Chair passed on congratulations and good wishes to Wendy. Discussions on Wendy's replacement would be held with Local Authority colleagues.</p> <p>The Chair also reported that this was the first board meeting for the 2 new lay members. Tony Ward has started as the new lay member for Governance (replacing Joe Leigh) and Gerry Donnellan has started as the new lay member for public engagement (replacing Ann Benn).</p>
126/15	<p><u>Questions/Comments from the Public on any item on the agenda</u></p> <p>Jane Leicester, Chair of Staff Side from Bolton FT expressed concerns on the paper regarding decommissioning of the AVM service and highlighted that the paper is written on an incorrect premise that there has been no service since the consultant retired. Jane reported that an ongoing service has been provided by a physiotherapist who is a specialist in Audio Vestibular Medicine alongside the medical staff within the ENT service. There have also been some locum led clinics to carry out follow ups for patients. There are also outcomes and patient satisfaction surveys available to demonstrate the quality and effectiveness of the service provided.</p> <p>Jane further commented on the lack of contact with staff providing the service, stakeholder involvement with patients and questioned the premise that a lack of complaints without other evidence is sufficient basis for decommissioning a service. Jane reported that the reason for the lack of complaints is that all patients have been receiving treatment and have been contacted and alternative arrangements provided.</p> <p>The Chair reported that these comments would be taken into account when discussing this item.</p> <p>A member of the public also raised concerns regarding mental health services and the loss of funding for some voluntary groups in Bolton. He commented that, at least one service has had a 50% cut and another service has had to lose 16 members of staff both voluntary and paid. It was noted that from discussions at a previous board meeting, the CCG had stated that without the assistance of voluntary groups the health system would not work. Now drastic cuts are being made and the member of the public wanted to know what would happen to these services.</p> <p>The Chief Officer reported that there is clear acknowledgement that the CCG values its voluntary groups and acknowledges the service they give to the local population. The CCG has carried out an external and joint review with the Council of voluntary sector support which included the value received from the contracts with each group. This has led to some increase in funding and some reductions. The plan is to work more closely with the Council to understand the overall picture of voluntary sector services across Bolton. The Chair and Chief Officer agreed to discuss this in further detail with the member of the public if they so wished.</p>

127/14	<p><u>Declarations of Interest in Items on the Agenda</u></p> <p>The GP Board members declared an interest in the items on 7 day primary care access and the Bolton Quality Contract Quarterly update. The Board noted that on-going declarations of interest stood for every Board meeting and were publicised on the CCG's website.</p>
128/15	<p><u>Minutes of the Meeting previously agreed by the Board and Action Log from 24th July 2015 meeting</u></p> <p>The action log was discussed and outstanding actions noted. With regard to publishing questions and comments from members of the public, it was noted this would be included in the developments of the new CCG website.</p> <p>It was also reported that a meeting had been held with Bolton FT and the Stroke Network to look at the measurements that need to be developed. The meeting had been very productive and a further meeting was planned to take place with Salford Royal FT to develop these plans further. The Board would be updated further, once this meeting had been held.</p> <p>It was noted that ambulance performance was due to be discussed at the Systems Resilience Group meeting in October.</p> <p>The Minutes were agreed as an accurate record and the update on the action log noted.</p>
129/15	<p><u>Patient Story</u></p> <p>This month's patient story relates to patient feedback received from the GP Access report. A presentation was also received highlighting the feedback received. The Board noted the positive comments received.</p> <p>The Chair proposed that a similar process be undertaken on prescribing, highlighting the cost of medicines and wastage as it would be interesting to gain public views. It was noted that work was commencing on prescribing to discuss with patient forums/groups and the information from this would be fed back to a future Board meeting.</p> <p>Members discussed the benefits of looking at patient stories where a difference had been made in terms of population changes.</p> <p>The Board noted the report and agreed to review patient stories on a population basis for future meetings. Feedback on the prescribing campaign to be fed back to the Board at a future meeting.</p>
130/15	<p><u>Bolton Hospice Investment</u></p> <p>Leigh Vallance, the Chief Executive from Bolton Hospice, presented to the Board the services delivered by the Hospice. This included the work with regard to providing specialist palliative care offered by consultant, specialty doctors and specially trained nurses, working closely in partnership with others such as social work staff, physiotherapy and occupational therapy.</p> <p>Leigh also highlighted the excellent example of partnership working from the service run at Giles House, the MacMillan Cancer Information and Support Service. The inpatient unit was also highlighted, this had recently been expanded and from 1st October the number of beds would increase from 14 to 18 beds. The benefits of this expansion were highlighted and included further help to patients, their carers and families. It was also noted that the hospice is also supported by over 900 volunteers who play a vital role in the care of patients and relationships with patient's families. Leigh also highlighted the importance of partnership working which is key to the work of the hospice and the development of the Dying Well Community Charter.</p>

	<p>GP members raised the issue of patients being admitted to care homes at the end of life and it was acknowledged that GPs can also access the hospice at home service. This was an area that could be improved further.</p> <p>Members also raised the use of the blood transfusion service, and whether this was widely accessed by GPs. It was noted that patients needed to require palliative care or be at the end of life to access the service by the Hospice. Leigh confirmed that the Hospice would be willing to discuss use of this service and develop further for patients becoming more acutely unwell.</p> <p>The Board noted the presentation.</p>
131/15	<p><u>Greater Manchester (GM) Devolution – Governance</u></p> <p>The Board received an update on the latest proposal for the GM level governance in preparation for full devolution of Health & Social Care responsibilities to GM in April 2016. It was noted that further changes have been made to the draft proposal distributed.</p> <p>This paper sets out the proposals for governance from October 2015 in shadow form and April 2016 in final form for the first phase of health devolution, recognising that this may change as the system becomes more self assured and is able to demonstrate sustainability and maturity. The proposals would continue to be developed jointly with further proposals to be brought back to the Board for agreement prior to moving to full devolution from April 2016.</p> <p>Members discussed the safeguards in place to ensure all partners have equal weighting in the governance arrangements. The need for one single voice across GM for patient representation was also raised. The timeframe for developing this would be shared with the Board once known.</p> <p>It was noted that the CCG's Chief Officer continues to be part of the GM Devolution Governance Group and will carry on with this role. Members also discussed the important role that the Locality Plan would play in these developments. The final draft of the Locality Plan would be presented at the next Board meeting.</p> <p>The Board confirmed their support for the principles and proposals set out within the paper and agreed to discuss proposals further at the next Board Development session.</p>
132/15	<p><u>Commissioning Decisions:</u></p> <p><u>Proposal to confirm Lithotripsy is not commissioned as a procedure for Orthopaedic conditions</u></p> <p>The Board received a report regarding an orthopaedic procedure being undertaken outside Bolton FT that could be classed as a having limited clinical value. This is not a procedure that Bolton CCG has commissioned and there is no local or GM EUR policy regarding this procedure.</p> <p>The Board noted this is about ensuring the correct process is used and is in place through the GM IFR process to ensure uniformed processes are in place.</p> <p>The Board approved the governance route proposed to advise providers that this procedure will only be considered via an individual funding review (IFR).</p> <p><u>Proposal to decommission Audio-vestibular Medicine</u></p> <p>Following the question from Jane Leicester and the contact made with the CCG to outline that a service has been offered to some extent with locum consultant support, the Board was made aware of the background to this paper.</p>

	<p>It was reported that the CCG has received notification from the FT that the service was not viable on retirement of the Consultant, as there were no contingency arrangements for cover along with a business case to alter the delivery of the service. The business case was not accepted by the CCG and formal response was made to the FT at the beginning of July that this service had been identified as having potential for decommissioning and that a quality impact assessment and equality impact assessment would be undertaken to inform a Board decision on this with the intention to give notice.</p> <p>It was noted that the communications have not appeared to have got to the service but the CCG does not decide on staffing of services, it decides on the clinical services required and providers need to manage the staffing implications of that.</p> <p>It was noted that the CCG's role as commissioner is to ensure that there are appropriate interventions that are evidence based. The report highlights that no outcomes information or patient experience data have been received from the FT, despite the request, and that there is not a clear evidence base to support a specific Audio Vestibular Medicines service. The CCG proposal is to maintain current levels of GP and ENT support to these patients but not commission the audio vestibular interventions.</p> <p>As the Board has now been made aware that there are current patients still being managed within the service, it was agreed that the CCG need to take the step of engaging with them to mitigate any risks and bring back a clear proposal on what the CCG intend to commission and not commission.</p> <p>Members discussed the issue regarding Bolton FT's management of services and the lack of information forthcoming from the FT in response to the CCG's enquiry. There was a need to ensure consistency in their approach and that a full analysis supports any business case being put forward. There was also a need to be clear on what was being commissioned with regard to this service. This had previously been a consultant led service, but this did not appear to be the case now. It was agreed to feedback the Board's concerns to Bolton FT regarding the lack of communication and consistency in approach.</p> <p>The Board noted the additional information received and agreed that the proposal be brought back to the next meeting for consideration once a further review had been undertaken.</p>
133/15	<p><u>Options for 7 Day Primary Care Access</u></p> <p>The Board received a presentation on the development of 7 day primary care access in Bolton. This included an update on the process being developed further to the national direction given that 7 day services would be rolled out. The recent history locally regarding development of extended hours was highlighted.</p> <p>The evidence relating to the national correlation between patient dissatisfaction with GP access and high A&E attendances, the national Primary Ministers Challenge Fund being inconclusive and the results from GM demonstrators was highlighted.</p> <p>The evidence from Bolton's innovation projects was also highlighted. This showed that IT solutions for access to records had been successful and patients were willing to visit other practices for convenient appointment times, however utilisation was low where these slots were used only for urgent appointments, there was no reduction in A&E visits and therefore not financially sustainable, Sundays were less utilised than other sessions but practices had reported that the projects had eased in-hours demand.</p> <p>It was also reported that NHS England had announced in July funding of £7m to be made available to develop 7 day primary care access which was available to CCGs to commission a</p>

	<p>service that provides Saturday and Sunday access to the frail elderly and those people most in need to have in place by December 2015.</p> <p>A review had been undertaken in Bolton of what was currently being offered locally through improved core hours through the Bolton Quality Contract and offering additional practice based appointments outside core hours. The findings from the review had been discussed with member practices and the Executive and prioritised as an item for discussion with local partner organisations when discussing integration developments.</p> <p>The proposal for Bolton to meet the 7 day access request was therefore to commission GP support to the admission avoidance team at evenings and weekends and have pre-bookable appointments from a small number of hubs in Bolton which would be affordable within the £1.3m available to Bolton and equitable across the borough.</p> <p>The risks in developing this proposal were highlighted. This included workforce availability to deliver a weekend service, timescales, multiple access points being offered to patients and long term affordability in the current NHS financial situation.</p> <p>Members discussed the mismatch between patient expectation and the financial offer available. It was noted that developing a strong federation will be key to this and future developments. It was noted that £1.3m is new money allocated from NHS England resources to deliver this and that the funding was recurrent.</p> <p>Members also raised an option previously considered in having a GP unit based on the FT site and if this option should be revisited due to the developments to the A&E site. It was reported that the CCG was awaiting guidance from NHS England on options on urgent care and primary care support which will be reviewed once the guidance was received. It was also noted that the development of 7 day primary care access would be included as a financial risk to the CCG, as formal confirmation on funding had not yet been received from NHS England.</p> <p>The Board approved that further work be developed on the 7 day primary care access proposal, including seeking model and costs from Bolton Federation, reporting back to the Board with the proposed model and confirmation of the process for funding release from NHS England.</p>
134/15	<p><u>Winterbourne View Project Update</u></p> <p>The report informed the Board of progress in relation to the Winterbourne View project and repatriation of Bolton residents from out of area secure and specialist hospital provision. It was noted that this related to 23 patients, 6 of which have been rehoused in the community with 8 patients currently being reviewed. The main issue to repatriating the remaining 8 patients was regarding the provision of necessary housing solutions.</p> <p>Members agreed that the estate issues needed to be dealt with as a priority and discussed the specific actions that could be progressed through joint working with the Council to speed up the refurbishments required to ensure timescales were being met.</p> <p>The Board noted the report and agreed that the estate issues be dealt with as a priority. The Board also agreed to receive a further interim progress update in 2 months.</p>
135/15	<p><u>Bolton Quality Contract (BQC)– Quarterly Update</u></p> <p>The report had been compiled as a practice report as if Bolton is one practice, based on an 'average' Bolton practice with an average practice size of 6,022 patients with around 3.5 GPs and 2 practice nurses working 30 hours.</p>

	<p>All 50 practices were engaged in the standards and practices are working towards the plans submitted. Two practice visits had been undertaken, practices were working towards individual and CCG targets and support continued to be provided from the primary care and medicines optimisation team.</p> <p>An update on progress on each of the standards was presented. Highlighted was the demand management standard, in particular the key performance indicator (KPI) relating to procedures of clinical limited value where there may be a shift in information due to the way this indicator was counted. It was also noted that Bolton was the best in the country for delivering health checks, however other targets were challenging within the health improvement standard.</p> <p>Also reported was the exception reporting target which had been changed from 6.6 to 6% due to changes to the counting mechanism. This change had been approved by the Joint Commissioning Committee following a review of the data.</p> <p>Also detailed were the next steps in the development of the Bolton Quality Contract. This included continued assessment of those standards where there were no KPIs, reviewing where there were gaps with individual practices and continued support to these practices and the development of communication plans with a phased approach on communicating on areas such as prescribing waste, flu vaccinations and cancer screening.</p> <p>Members discussed the different reporting of prescribing figures through the Bolton Quality Contract update and Chief Finance report to the Board. It was agreed that further triangulation was required to understand the different reporting mechanisms.</p> <p>The Board acknowledge the hard work undertaken by the CCG primary care team and practices in delivering the Bolton Quality Contract. A further review will be provided at 6 months with a practice staffing review to be provided in November. Work on triangulation of the prescribing data would be undertaken.</p>
136/15	<p><u>Looked After Children Annual Report</u></p> <p>The Board received a presentation from Val Coupes and Carol Holdbrook who informed members of performance and quality assurance with regard to Looked After Children. This included confirmation that the statutory requirements for Looked after Children are being met. It was noted that the number of looked after children had increased since last year. The service continued to maintain high standards and were above the national average on all performance. Members were made aware of the changes in provider services with regard to the 5-19 tender.</p> <p>The report also includes information on service users following the development of health questionnaires used and positive responses received. It was also noted that the service had also devised health care plans for every looked after child.</p> <p>Members discussed any further work that could be developed with fostering services.</p> <p>The Board noted the Annual Report and the continued good work by the service.</p>
137/15	<p><u>CCG Corporate Performance Report</u></p> <p>The Board received an update on performance. The exceptions were highlighted. This included ongoing concerns with regard to A&E performance, the improvements in ambulance targets and the issues with regard to endoscopy services which were above the threshold for this month. It was reported this was not entirely a Bolton issue and the service was currently out to procurement.</p>

	<p>Also highlighted were the waiting times in community services being higher than average and the need to see improvements. Staff sickness in community services remained above target and concerns had been raised from GPs with regard to district nursing services, which had been discussed by the Executive.</p> <p>Members discussed the improvements made by Bolton FT from the perfect week which had now fallen below target and the difficulties for the FT to sustain these improvements. Members agreed there was a need to seek assurance that the FT has evidence that certain areas have been maintained and that lessons learned were being applied to a normal working week.</p> <p>Members also discussed performance in the community services, in particular the information regarding the community services perfect week and flows with the neighbourhood teams. Members agreed they had not yet been fully assured on the targets set by the CCG and raised concerns regarding staffing issue, in particular as the FT moved towards the winter period.</p> <p>The Board noted the report. Members tasked the Quality and Safety Committee to focus in particular on the action plan set around community services and agreed to focus on the achievements of the community services review at the October board meeting. The sustainability of the improvements made during the perfect week would also be reviewed at a future board meeting.</p>
138/15	<p><u>Report of the Chief Finance Officer (CFO)</u></p> <p>The Board was updated on the CCG financial position and the plan to deliver against all key financial duties. It was reported that there were significant risks around the revenue and efficiency requirements, which indicates that mitigation plans of £2.1m are required. These plans were being progressed through the increase in the QIPP target.</p> <p>The year to date financial performance was reporting that the financial position to month 5 is showing a surplus of £1,305k which is £300k below the CCG's financial plan. It was reported that there are financial pressures on acute contracts, mental health out of area placements, prescribing and other commissioning budgets, with underspends on the continuing healthcare and running cost budgets being reported. Further detail on the over performance with Bolton FT, will be presented at a future Board meeting.</p> <p>Work is ongoing to identify additional schemes to achieve the revised QIPP target of £10.9m and progress is reported monthly in the separate QIPP Report against the individual identified schemes.</p> <p>Members discussed over performance with BMI Beaumont and the plans in place to monitor this. It was reported that the review regarding compliance with EuR policies is part of this monitoring and there is potential for this variance to be corrected.</p> <p>It was also reported that the CCG was hoping to sign off this year's contract with Bolton FT early the following week. The impact this had on the financial position was noted. Once the contract is signed, non-elective admissions will be varied into the contract, however this would not affect the CCG's financial position.</p> <p>Opportunities within the Locality Plan to steer away from the contracting negotiations that take up a large amount of time and capacity, to really focus on patient care and transformation was discussed. This was a significant opportunity to deliver differently and the Chair requested members to challenge these developments to ensure significant changes were delivered.</p>

	<p>The Board noted the Month 5 year to date and forecast outturn position and supported mitigation plans to achieve the required surplus. The Board recognised the significant level of risk identified and support the process in place by the Executive to review scenarios on a monthly basis.</p>
139/15	<p><u>QIPP Programme Update</u></p> <p>The Board received an update on the revised QIPP target and the current QIPP delivery status for 2015/16.</p> <p>The QIPP target has been increased from £6.9m to £10.9m to reflect the financial gap between the CCG's original contract offer to Bolton FT and the impact of the contract dispute mediation, whilst continuing to ensure the delivery of the CCG's required surplus. Although, this additional £4m QIPP is not fully identified at scheme level, there are a number of schemes in development from which £612k savings are anticipated to be realised later in the year. The revised plan for QIPP delivery in 2015/16 is set out in Appendix 1, which identifies the need for additional schemes of £3.3m to be identified.</p> <p>Year to date (YTD) QIPP delivery against the revised plan for schemes in delivery at month 5 stands at £2,153k against a month 5 plan of £2,344k. This shows a shortfall of £191k against the YTD plan.</p> <p>Concerns were raised regarding prescribing and the impact of integration on non-elective activity. It was reported that the Executive was focusing on existing schemes in delivery to deliver in line with expectation and focusing on the trends in prescribing and non-elective activity which is not in line with the Better Care Fund ambition. It was also noted that there were a number of larger schemes due to commence but the early impact of these schemes could not yet be realised, however there had been some delivery in underspends in continuing health care. The Audit Committee would also be focusing on QIPP delivery in more detail.</p> <p>The Board noted the current gap in delivery against the revised QIPP plan for schemes in delivery as at month 5, and the schemes in development to support the achievement of the increased target of £10.9m. As previously agreed, further work on the prescribing position correlating with the BQC and CFO reporting mechanisms would be progressed.</p>
140/15	<p><u>Locality Plan Update</u></p> <p>The Board received an update on the development of the draft Locality Plan. The CCG continues to work with partners from the Health and Wellbeing Board to finalise the Plan. It was reported that an event was to be held with all stakeholders to discuss the plan further.</p> <p>Members discussed the need to be clear that the actions agreed would bridge the shortfall across the health economy. The £2bn gap in 5 years' time across health and social care will be a massive challenge and there is a need to look at doing things differently across the economy, approaching the prevention of scale through provider reform to deliver efficiency and asking these questions locally.</p> <p>The update was noted. The Board agreed to receive a copy of the final version of the Plan for ratification at the October Board meeting.</p>
141/15	<p><u>CCG Executive Update</u></p> <p>The update was noted.</p>

	<p><u>Minutes from the Governance & Risk Committee 10/7/15</u> The minutes were approved.</p> <p><u>Minutes from the Quality and Safety Committee Meeting 15/7/15 and 12/8/15</u> The minutes were approved.</p> <p><u>Minutes from the Health & Wellbeing Board 8/7/15</u> The minutes were noted.</p> <p><u>Minutes from the Joint Commissioning Committee 27/7/15</u> The minutes were noted. It was reported that the Board would be discussing the role and future development of the JCC at a future Board Development session.</p>
142/15	<p><u>Any Other Business</u> There was no further business discussed.</p>
143/15	<p><u>Date of Next Meeting</u> Agreed as Friday 23rd October 2015 at 12.30pm in the Bevan Room, 2nd Floor, St Peters House.</p>
Part 2 Board Meeting (if required):	
144/15	<p><u>Exclusion of the Public</u> The Chair confirmed there were no confidential matters to be discussed and, therefore, the Board meeting was closed.</p>