

MINUTES

NHS Bolton Clinical Commissioning Group Board Meeting

Date: 22nd January 2016

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
Colin Mercer	Clinical Director, Clinical Governance & Safety
Stephen Liversedge	Clinical Director, Primary Care & Health Improvement
Jane Bradford	GP Board Member
Charles Hendy	GP Board Member
Shri-Kant	GP Board Member
Tarek Bakht	GP Board Member
Annette Walker	Chief Finance Officer

In attendance:

Melissa Laskey	Associate Director, Commissioning
Kathryn Oddi	Primary Care Performance & Support Lead

Minutes by:

Joanne Taylor	Board Secretary
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Minute No.	Topic
01/16	<p><u>Apologies for absence</u></p> <p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> • Su Long, Chief Officer • Mary Moore, Chief Nurse • David Herne, Director of Public Health, LA • Romesh Gupta, Secondary Care Specialist Member • Barry Silvert, Clinical Director, Commissioning
02/16	<p><u>Introductions and Chair's Update</u></p> <p>Board members introduced themselves. There were 11 members of the public recorded on the attendance sheet.</p> <p>The Chair updated the Board on the outcome of the judicial review process which had been undertaken due to legal challenge. The decision had been announced earlier in January that the judge has agreed with the decision previously made by the Healthier Together Committee in Common. It was further noted that, so far, no appeal to this decision has been made. CCGs were looking to recover the costs of this review. It was also reported that the sector developments were progressing well, with the north sector being the first to implement a single service.</p>

03/16	<p><u>Questions/Comments from the Public on any item on the agenda</u></p> <p>Jane Leicester asked for clarification on what part of the neurology service the CCG was including when referring to Neurology LTC or Neuro Rehab in the Community Services Review and Recommendations report. Melissa Laskey confirmed that the review would include both services with the intention of working with the current service providers to develop a new service specification for a combined, holistic service (covering Stroke Early Supported Discharge and Rehabilitation and Neuro Long Term Conditions) in 2016/17.</p>
04/16	<p><u>Declarations of Interest in Items on the Agenda</u></p> <p>Wirin Bhatiani declared an interest in the item on the agenda regarding the Estates Update and the GP Board members declared an interest in the item on the agenda regarding the update on the development of a model for seven day access in Bolton.</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>
05/16	<p><u>Minutes of the Part 1 and Part 2 Meetings previously agreed by the Board and Action Log from 27th November 2015 meeting</u></p> <p>The action log was discussed and outstanding actions noted. Members queried the delay with the development of the CCG's website. It was reported that the delay in the developments was due in main to the production of the content pages. It was noted that there would be a soft launch of the new website by the end of this month, with a formal launch by the end of February 2016.</p> <p>One change was noted in the Minutes, page 8, second paragraph regarding non-elective admissions had reduced, to change the wording from "to" to "by" 1.17%.</p> <p>Subject to the above amendment, the Minutes were agreed as an accurate record and the updates to the action log noted.</p>
06/16	<p><u>Patient Story</u></p> <p>This month's patient story highlights the help and support provided by the integrated neighbourhood team. The report also highlighted the 2% of patients at risk of hospital admission, and showed the links between health and social care. This was a success story which detailed the intervention by the integrated neighbourhood team, demonstrating that early intervention stops the risk of admission to hospital and gives the patient the opportunity to manage their care in their own home. The learning from this story was also highlighted which shows the need to accelerate the processes to provide more proactive care to patients.</p> <p>Developments with the implementation of the Locality Plan would also focus on the role of voluntary sector services, working in combination with health and social care to have more of an impact. Members agreed this was an important area for development. Integrated neighbourhood teams were currently only working in certain patches and the challenge would be to ensure this was provided across the borough.</p> <p>The Board noted the Patient Story.</p>
07/16	<p><u>GMW Acute Pathway Redesign Year 1 Evaluation</u></p> <p>The Board received an update on GMW's review of the acute pathways redesign for mental health following the first year of implementation. It was noted that the overriding aim of the redesign was to ensure the best use of resources to modernise and improve services for service users and their carers.</p>

	<p>The report detailed the successful redesign and reinvestment to establish effective home based treatment as a real alternative to inpatient admission, the implementation of flexible provision of extended hours and ongoing development of new ways of working in community teams. The report also detailed the overall successful management of the significant reduction of acute inpatient beds, however it was noted that there remained challenges, particularly in relation to adult acute beds.</p> <p>Also presented was the ongoing development of Woodlands as a centre of excellence for older adults, the commitment from staff to successfully implement new ways of working across acute care pathway, the continued involvement and engagement with key stakeholders including service users, carers, staff and commissioners to further modernise and develop the highest quality of care and treatment in district services within the resources available and the delivery of the reinvestment and required cost savings as planned.</p> <p>The Board acknowledged the overall successful management of the bed reductions by GMW and the continued focus on the effective bed management required, particularly in adult acute.</p> <p>Members discussed the historical issues regarding the transfer of anti-psychotic medication. It was acknowledged that additional provision would be made to ensure processes are carried out correctly, including improved joint working arrangements. It was also noted that further developments in mental health services had been put on hold due to developments across Greater Manchester with Greater Manchester devolution and the development of a Greater Manchester Mental Health Strategy, with a key priority being the development of a range of services for patients with specialist needs.</p> <p>It was noted that no issues had been raised with the CCG regarding the home based treatment services and the CCG was seeing this element of the service as a success.</p> <p>The Board noted the update and agreed with the direction of travel. The Board requested a further update on the development of services for patients with specialist needs, in 2 to 3 months' time, with a further update on the overall developments in mental health to be presented in 6 months' time.</p>
08/16	<p><u>Greater Manchester Strategic Vision</u></p> <p>The document reflects the common direction in all Greater Manchester locality plans for the future of health and social care in Greater Manchester and outlines the financial ask. The strategy was due to be finalised in March 2016.</p> <p>The plan focuses on 4 areas, the sharing of responsibility with the public, the development of local care organisations and the development of new models of care, collaborating within localities. Bolton has started these conversations with the GP membership and with local providers looking to work jointly to provide services on a wider footprint. Robust governance structures and the development of the transformation fund were now key to moving these plans forward. It was further reported that the CCG has developed a public engagement plan to allow the important feedback required from the public.</p> <p>Members acknowledged that the strategic vision now needed to be developed through locality plans with a need to ensure equitable access to funds within a defined criteria across Greater Manchester. The Board was keen to understand more about GM Connect and what this means locally. It was noted that all localities will be developing their own digital roadmaps.</p> <p>The Board supported the document as a constituent statutory body of the Greater Manchester Health and Social Care governance as a strategic direction of travel.</p>

09/16	<p><u>Community Services Review and Recommendation</u></p> <p>The report provided an update to the Board on the three service areas of outstanding concern, namely the Tissue Viability, Rheumatology and Neurological Long Term Conditions services. The report summarised the wider CCG systematic process and analysis undertaken of community services to assess which services are a priority for improvement and/or contract management intervention.</p> <p>The Board's attention was drawn to the priority services matrix and the outcome of assessment of services. All three service areas of concern – Neuro Long Term Conditions (new service model), Tissue Viability (work with current service provider to implement actions proposed) and Rheumatology (work with current provider to implement actions proposed) raised by the Board have featured as either a 'priority' or 'fix' service area. The assessment has also highlighted other service areas indicated as areas of priority action, namely Integrated Neighbourhood Teams (contract management process), Diabetes (new service model), the Care Home Services (contract management process) and CAMHS (contract management process). The actions and timescales for these service areas were highlighted. It was confirmed that patient views are to be sought when developing the service specifications.</p> <p>It was noted that the Board had previously agreed a process of prioritisation and the Board was comfortable with the process and recommendations made.</p> <p>Melissa Laskey and Annette Walker confirmed that the next steps for the Neuro Long Term Conditions and Diabetes services (identified as requiring new service models) would be working with the current service providers to develop new service specifications prior to any decision being made on potential procurement.</p> <p>The Board approved the proposed next steps for the three areas of concern as detailed above and approved the proposed actions for the services highlighted as priority areas.</p>
10/16	<p><u>Constitution Changes</u></p> <p>The Board was presented with the changes required to the CCG's Constitution following legal guidance received on the updates required due to the establishment of the Healthier Together governance arrangements. It was noted that the changes had been discussed with the LMC and GP Membership through the clinical leads meetings in January. It was noted that the changes will allow CCGs to have joint committees with a number of organisations.</p> <p>The Board agreed to the changes detailed in section 2 of the report and noted the updated constitution and approved for submission to NHS England for final authorisation.</p>
11/16	<p><u>Terms of Reference for the new Finance & QIPP Committee and Conflicts of Interest Committee</u></p> <p>Further to previous discussions by the Board, the terms of reference for the new committees of the Board, the Finance and QIPP Committee and Conflicts of Interest Committee were presented.</p> <p>It was noted that the function of the Finance and QIPP Committee would be to provide assurance and scrutiny on finance and QIPP matters. This was not a decision making committee. Jane Bradford had also agreed to take the role as Committee Chair and would be taking up this role formally from April 2016.</p>

	<p>The Conflicts of Interest Committee's role would be to review matters arising regarding conflict of interest, to provide the Board with the necessary assurances that robust arrangements are in place to manage any conflicts and maintain standards of probity and transparency. This will strengthen the processes and the Policy currently in place. The first meeting was to be held on 1st February and quarterly thereafter, with ad-hoc meetings being arranged if required.</p> <p>Further to discussions held at the Audit Committee, where it had been agreed that it was good practice that committees present annual reports to the Board to assess that committees of the Board were meeting their terms of reference, it was noted that additional information on this would be included in both the new Committee's Terms of Reference and would be rolled out to existing Committees to include in their Terms of Reference.</p> <p>The Board approved the Terms of Reference and agreed to the inclusion of information on the submission of an annual report by all committees reporting to the Board.</p>
12/16	<p><u>Estates Update</u></p> <p>Wirin Bhatiani left the meeting at this point. Alan Stephenson chaired the meeting.</p> <p>An update on the development of the estates strategy was received. Included in this was a report on the development of the first round of applications for the primary care infrastructure fund. Also highlighted were the changes to roles and responsibilities in estates since 2013 and the transfer of responsibility back to CCGs. Bolton had previously established a Strategic Estates Group which was a multi-agency group that reviews all estate across Bolton, looking at opportunities and savings within the infrastructure available to meet the challenges within the Locality Plan and to ensure the estate is fit for purpose in the future. It was noted that there were important developments happening around the Avondale and Farnworth schemes which, when developed, would be presented to the Board. It was further noted that Charles Hendy has been asked to join the Strategic Estates Group to represent the GP leadership voice on this Group.</p> <p>Members questioned whether the CCG was in a position to consider bids when work is still developing on estates. It was reported that the primary care infrastructure fund is a separate process with NHS England. The Executive has previously discussed how this strategically aligned and agreed that any revenue implications would initially be reviewed and discussed by the CCG and this process has been recognised by NHS England. It was acknowledged that currently developments were in a transitional phase and future bids would come from work developed strategically.</p> <p>Also reported was the working being developed on the option appraisals for Avondale and Farnworth Health Centres. Members discussed the new arrangements around the new models of care and how this may impact on these developments. The new Estates Strategy will review all primary care estate as part of the overarching strategy, giving CCGs an opportunity to be proactive with the new processes with the infrastructure fund. It was also noted that the CCG has secured inhouse estate expertise to enable developments to progress.</p> <p>Members discussed the three applications for the primary care infrastructure fund. This has been discussed by the Executive and the Joint Commissioning Committee and considered without any conflicts of interest. NHS England has asked the CCG to support the applications. It was noted that the first 2 bids have minimal revenue implications and were supported by the Executive and the Joint Commissioning Committee. The additional revenue implications for both would be £12k which would be recurrent costs to the CCG. It was noted that NHS England would be transferring primary care allocations back to CCGs, and therefore these recurrent costs would be managed through these growth monies.</p>

	<p>It was noted that bid 3 was a significant development with a potential revenue cost of £426k. The Executive had discussed how this could be managed to bring to neutral revenue. The bid relates to a number of practices and community services joining together, to develop a fully integrated model of care. It was noted this bid has been developed ahead of the announcement on new models of care and has been progressed directly with NHS England prior to referring back to the CCG to support.</p> <p>Members discussed the proposed bids and agreed that these will provide better facilities and care for patients. Members discussed the potential risks regarding the significant revenue consequences which were dependent on relevant funding arrangements. It was noted that the CCG would have the opportunity to review these applications in more detail when the bids have been developed into full business cases. The Board agreed that these should be reviewed by the Finance and QIPP Committee once the business cases were received.</p> <p>Members also queried the ownership of any new builds. It was reported that this would depend on the funding route and advice received from NHS England. A number of different bodies were looking at these arrangements and legalities.</p> <p>The Board noted the update and approved the next steps for the three primary care infrastructure bids as detailed in the report.</p>
13/16	<p><u>Update on the Development of a Model for Seven Day Access in Bolton</u> Wirin Bhatiani returned to the meeting.</p> <p>The report detailed an update on the work the CCG has carried out to date in order to meet the requirements outlined in the Healthier Together Primary Care Standard that by the end of 2015 everyone in Greater Manchester who needs medical help will have same day access to primary care services, supported by diagnostic tests, seven days a week.</p> <p>The CCG has developed a service with two elements to Bolton's model. The first element was additional GP sessions in out of hours to sit with the admission avoidance team to be proactive in avoiding inappropriate and unnecessary admissions. The second element was the development of a weekend service based in 2 hubs across the borough, in partnership with the Federation, to commence from February 2016. It was reported that the two hubs selected would be based in the north and south of the borough. The Federation was currently working with the GP membership on the operational principles and management of referrals arising from weekends. The risks associated with delivery were outlined. The IT solutions would include developing access to records for all patients.</p> <p>It was agreed that the newly established Conflicts of Interest Committee would review the plans further prior to implementation. Members discussed staffing levels and rates of pay and were informed of the discussions ongoing with the GP Federation and Bolton FT. The Federation has requested expressions of interest from GPs to undertake the additional sessions required.</p> <p>The Board noted the progress made in respect of the establishment of a primary care supported hub providing additional GP sessional support to the Admissions Avoidance team and approved the continuation of plans to implement the weekend access service by February 2016 through awarding a contract to Bolton Federation.</p>
14/16	<p><u>Board Assurance Framework</u> The report detailed the six high risks identified in the quarter 2 Board Assurance Framework and corporate risk register that may affect the achievement of the CCG's strategic and operational objectives.</p>

	The Board accepted the extract from the Board Assurance Framework 2015/16 and the assessment of high level risks for Quarter 2 (July to September 2015).
15/16	<p><u>Annual Equality Data Publication</u></p> <p>The third annual equality data publication highlights the CCG's commitment to promoting equality and reducing health inequalities, and provides assurance to show that responsibilities arising from the Equality Act 2010 are being fulfilled. The Act requires public bodies to publish appropriate information showing compliance with the Equality Duty on or before 31st January each year.</p> <p>The report evidences how the CCG has taken account of the needs of vulnerable communities, looks at the plans to improve the way the CCG commission services and identifies future areas for development. The report also details the equality progress made since the previous publication in January 2015 to improve health outcomes of vulnerable groups to improve their experience of care.</p> <p>The Board approved the annual equality data publication for publishing on the CCG's website. The Board noted the content and recommendation and agreed a further update on actions to be presented to the Board in 6 month's time.</p>
16/16	<p><u>CCG Corporate Performance Report</u></p> <p>The report highlights the CCG's performance against all the key delivery priorities for the month of November 2015.</p> <p>Members attention was drawn to the information included on the quality premium showing the position as at quarter 2 2015/16 against the Quality Premium Metrics. The current forecast is for achievement of all metrics which "earn" the Quality Premium, with the exception of Antibiotic Prescribing, the actions for which for primary care will be highlighted in the report on the Bolton Quality Contract which is being brought to the February Board meeting, and emergency readmissions, the actions for which are outlined in the report. The 6 national targets for which the Quality Premium would be reduced if they were to fail, are on track to be achieved, with the exception of the 4 hour A&E target, the actions for which are outlined in the report, and the Ambulance Response rate, which is highlighted as being at risk.</p> <p>It was also noted that the target for non-elective length of stay for 2015/16 is 4.65 days. In November 2015, the length of stay increased to 4.2 days (from 4.0 days in October). The current YTD length of stay is 4.3 days, which is below the target.</p> <p>Included in the report, as requested by the Board, was an update on the performance of the 111 service. It was noted that Tameside CCG was the lead CCG across Greater Manchester. Information was being received from GPs on patients being transported to hospital who could be seen by their GP. It was further noted that out of hours calls have reduced, however there has been a significant increase in A&E attendances, which have increased by 10% compared to last year. Work was progressing to look at the evidence in more detail to see if there is any correlation between the 111 service going live and what is happening in other emergency services.</p> <p>Members requested further information on C Difficile trends across the health economy. It was agreed this would be included in a future report. It was noted that a health economy wide Infection and Prevention Control Committee regularly reviews this information.</p>

	<p>Progress on improvements in stroke was also discussed by the Board. The report details stroke performance across Salford and Bolton following an audit undertaken in October 2015. There were reassurances across Greater Manchester that stroke care appears to be above the national average. However, it was acknowledged that further work to improve performance was required. The Greater Manchester Stroke Network has been established to review the data further and develop actions agreed in the report.</p> <p>The Quality and Performance Group at Bolton FT is also reviewing the improvements required on the actions agreed for Bolton. It was noted that ongoing discussions were being held on TIA and a further report would be presented to the Board at the February meeting</p> <p>Members discussed the information presented regarding serious incidents and the internal audit review undertaken which had been presented to the CCG Audit Committee. A request was made by the Board that the Quality and Assurance Group at Bolton FT further review the outcomes from the recent audit.</p> <p>Members also queried whether the CCG Quality and Safety Committee had sight of Bolton FT's workforce data and exception reports. It was reported that the Quality and Safety Committee did regularly discuss workforce and staffing levels but did not have sight of the data.</p> <p>The Board noted the update and agreed to receive further information on trends across the health economy with regard to C Difficile in a future report. An update on TIA would also be included in the February report to the Board. A request would be made to the Quality and Assurance Group to review the outcomes from the internal audit report relating to serious incidents. The CCG Quality and Safety Committee would look to receive workforce data from Bolton FT.</p>
17/16	<p><u>Report of the Chief Finance Officer</u></p> <p>The report detailed the CCG's financial position as at month 9. It was reported that the CCG is planning to deliver against all key financial duties but with significant risks around the revenue and efficiency requirements with mitigations plans required to cover the forecast shortfall against the QIPP target.</p> <p>The reported financial position to month 9 is a surplus of £2,829k which is £58k below the CCG's financial plan. The key financial pressures are noted as mental health out of area placements, acute contracts and prescribing. There are also significant underspends regarding continuing healthcare, community including better care fund and running costs.</p> <p>It was noted that overall the financial position is improving. The CCG's control total is secure at this stage, however the significant risk regarding the year end settlement with Bolton FT was noted.</p> <p>Members discussed the improved financial position and discussed the option of moving from "significant" to "notable" risk. It was noted that the prescribing position had deteriorated slightly, however the data presented was two months behind and the latest data received was showing an improved position. It was acknowledged that there remained continued pressure with regard to mental health out of area placements of around £1.2m. Work was progressing to enhance this position. The key issue for the CCG was how expenditure will be recurrent and the planning for the full impact for next year.</p> <p>It was noted that the board report had been discussed by the Finance and QIPP Committee at its first meeting. The CCG has also had confirmation on next year's financial allocations which would be discussed in more detail with the Board at the next Board Development session.</p>

	<p>The Board noted the Month 9 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>
18/16	<p><u>QIPP Programme Update</u> An update on the delivery of the QIPP programme was received. Year to date, QIPP delivery against the revised plan for schemes in delivery at month 9 stands at £5,256k against a month 9 plan of £5,574k, showing a shortfall of £318k against the year to date plan.</p> <p>The report detailed the actual achievement against the revised financial plan which shows a forecast QIPP delivery of £7,742k which is an improvement of £219k compared to the previous month. The forecast shortfall against the plan for schemes in delivery is mainly attributable to prescribing elements of the Bolton Quality Contract, integration, gastroenterology scheme performance.</p> <p>Members agreed this is an encouraging position given the increase in target. The option of reducing this target as the level of risk has reduced will be reviewed by the Executive prior to approval by the Board. It was noted that the report had previously been discussed in detail at the Finance & QIPP Committee meeting.</p> <p>The Board noted the current gap in delivery against the revised QIPP plan for schemes in delivery as at month 9 and the schemes in development to support the achievement of the increased target of £10.9m.</p>
19/16	<p><u>GM Association of CCGs Minutes 17/11/15</u> The minutes were noted.</p> <p><u>CCG Executive Update</u> The update was noted.</p> <p><u>Minutes from the Governance & Risk Committee 13/11/15</u> The minutes were noted.</p> <p><u>Minutes from the Quality and Safety Committee Meeting 11/11/15 and 9/12/15</u> The minutes were approved.</p> <p><u>Minutes from the Joint Commissioning Committee 16/11/15 and 21/12/15</u> The minutes were approved.</p> <p><u>Minutes from the Joint Commissioning Committee 16/11/15</u> The minutes were noted.</p>
20/16	<p><u>Annual Review of Declarations of Interest and Gifts and Hospitality Registers</u> The Board noted the report.</p>
20/16	<p><u>Any Other Business</u> There was no further business discussed.</p>
21/16	<p><u>Date of Next Meeting</u> It was agreed that the next meeting would be held on Friday 26th February 2016 at 12.30pm in the Bevan Room, 2nd Floor, St Peters House.</p>

Part 2 Board Meeting (if required):**22/16****Exclusion of the Public**

The Chair confirmed there were no confidential matters to be discussed and, therefore, the Board meeting was closed.