

## MINUTES

### NHS Bolton Clinical Commissioning Group Board Meeting

**Date:** 25<sup>th</sup> August 2017

**Time:** 12.30pm

**Venue:** The Friends Meeting House, Silverwell Street, Bolton

**Present:**

Wirin Bhatiani	Chair
Jackie Murray	Acting Chief Finance Officer
Tony Ward	Lay Member, Governance
Zieda Ali	Lay Member, Public Engagement
Jane Bradford	Clinical Director, Governance & Safety
Shri-Kant	GP Board Member
Charles Hendy	GP Board Member
Tarek Bakht	GP Board 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
---------------	-----------------

Minute No.	Topic
120/17	<p><b><u>Apologies for absence</u></b></p> <p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> <li>• Su Long, Chief Officer.</li> <li>• Alan Stephenson, Lay Member.</li> <li>• Barry Silvert, Clinical Director, Commissioning.</li> <li>• Stephen Liversedge, Clinical Director, Primary Care &amp; Health Improvement.</li> <li>• Mary Moore, Chief Nurse.</li> <li>• Romesh Gupta, Secondary Care Specialist.</li> <li>• Councillor Linda Thomas, Bolton LA.</li> </ul>
121/17	<p><b><u>Introductions and Chair's Update</u></b></p> <p>Board members introduced themselves. There were 5 members of the public in attendance at the meeting.</p> <p>The Chair updated the Board on the forthcoming Annual General Meeting to be held on Wednesday 13<sup>th</sup> September at the Bridge Conference Centre and invited members of the public to attend. There would be a review of the CCG's achievements over the year, a forward look on the coming year with the main focus being on mental health services.</p> <p>The Chair also reported on the item on the agenda on the Board Assurance Framework and highlighted the CCG's vision and values which were to improve health outcomes, reduce health inequalities in the borough, improve quality of care and deliver the best value for the Bolton £1. The Board Assurance Framework details the CCG's objectives, values and mission in more detail. The Chair encouraged Board members to review these on an ongoing basis.</p>

122/17	<p><b><u>Questions/Comments from the Public on any item on the agenda</u></b></p> <p>Mrs Howarth raised a number of questions with regard to the discharge to assess service, in particular around safety, current pressures to discharge older people from hospitals, ongoing medical care, the fragility of care services and the costs of the package of homecare. The full questions were tabled at the meeting for review by the Board and members of the public.</p> <p>The Chair confirmed that the issues raised by Mrs Howarth will be covered in the presentation to be received by the Board later on the agenda regarding discharge to assess.</p>
123/17	<p><b><u>Declarations of Interest in Items on the Agenda</u></b></p> <p>There were no additional declarations of interest. The Board noted that on-going declarations of interest stood for every Board meeting and were publicised on the CCG's website.</p>
124/17	<p><b><u>Minutes of the Part 1 and Part 2 Meetings previously agreed by the Board and Action Log from 28<sup>th</sup> July 2017 meeting</u></b></p> <p>It was noted that the outstanding actions are not yet due for completion.</p> <p><b>The Minutes were agreed as an accurate record and the updates to the action log noted.</b></p>
125/17	<p><b><u>Patient Story</u></b></p> <p>This month's patient story relates to a patient who wishes to share her experiences of accessing the Early Pregnancy Unit. The story illustrates the seamless care provided by the Unit.</p> <p>Members were also informed that this links with the work developing with the Maternity Voices Partnership. The intention is to set up this partnership in Bolton and to develop this, a launch event was held in June in partnership with Bolton FT and the Local Authority, with 40 members of the public attending. The idea has come from the Better Births Report, which recommends each CCG has a group to voice concerns with regard to maternity issues, to improve outcomes in maternity services. It was further noted that currently there are only four other CCGs developing this across Greater Manchester.</p> <p>Members acknowledged the key points raised regarding the need to provide seamless services for patients, rather than having to go from one service to another.</p> <p><b>The Board noted the Patient Story.</b></p>
126/17	<p><b><u>Healthier Together Update</u></b></p> <p>The Board received an update on a number of key milestones and next steps to implement changes to A&amp;E, Acute Medicine and General Surgery as set out in the Healthier Together consultation and the proposals and subsequent adoption within the Taking Charge Strategy.</p> <p>It was reported that capital funding for Healthier Together and Major Trauma has been awarded to Greater Manchester, which is to be provided nationally. This will enable the development of much needed investment in hospital capacity at the four hub sites. The implementation and transitional funding has also been agreed from the Greater Manchester Transformation fund and that once arrangements are agreed for ongoing revenue.</p> <p>The overall business case for Healthier Together can now be completed and submitted to commissioners for approval. The aim is to agree the healthier together business case at Greater Manchester level to be held later in September.</p>

	<p><b>The Board noted the update on Healthier Together developments. It was agreed that the Board and Finance and QIPP Committee would look to review the business case further in September/October.</b></p>
127/17	<p><b><u>Re-provision of the Neuro-Rehabilitation Inpatient Service (currently the Taylor Unit) for Wigan and Bolton patients</u></b></p> <p>The report provides the Board with an update on the work completed to identify a suitable alternative provider of neuro-rehabilitation services for Wigan and Bolton populations. This re-provision is essential as a result of the decision taken by the Board of Wrightington Wigan and Leigh NHS Foundation Trust to cease provision of the service from 31<sup>st</sup> March 2017, which has subsequently been extended to the end of March 2018. The paper specifically focuses on the staff, patient and public engagement and the Equality Impact Assessment that has been undertaken.</p> <p>The Board was notified that the successful bidder is Trafford General Hospital. The expectation is that the majority of Bolton patients will be discharged prior to the change in provider. Where this does not happen, there will be a managed transition process.</p> <p>The next steps were noted, there will be ongoing staff engagement and agreement to TUPE transfer for existing staff and patient and public engagement events will commence in September across Wigan and Bolton.</p> <p>The main potential negative impact identified is travel to and from the new unit for relatives visiting patients due to an increase in traveling distance. However, it was noted that the travel distance is not much further than it is currently for the majority of relatives, and for some it will actually be closer. The mitigating actions were also noted. This would include free parking on site for up to 3 hours for relatives visiting by car and provision of information and support to relatives traveling by public transport. These will be discussed as part of the patient and public engagement and any further issues which arise will also require mitigation.</p> <p>The Board noted the current provider has been unable to deliver the service within the cost envelope. This new service was assessed as being able to meet all the quality standards within the cost envelope. Members also noted transport is a key issue, and noted the mitigating factors that are being reviewed.</p> <p><b>The Board noted the update.</b></p>
128/17	<p><b><u>CCG Corporate Performance Report</u></b></p> <p>The exceptions from this month's report were highlighted:</p> <ul style="list-style-type: none"> <li>• Change to national ambulance response programme from 7<sup>th</sup> August, which is being rolled out from a successful national pilot to improve patient outcomes, providing the right clinical skill at the right time to meet the individual needs of the patient. It was noted that, nationally, there will be a delay of 2 to 3 months in reporting performance targets until the new data is available.</li> <li>• Strong performance against cancer continues. Bolton continues to perform well nationally and across Greater Manchester. The only issue to report is regarding Breast Cancer targets, however actions are in place to address these issues.</li> <li>• Previous assurance by providers that performance would improve with regard to Improving Access to Psychological Therapies (IAPT). It was noted that in June the access target was achieved.</li> <li>• Information on the actions taken in the areas where the CCG is not considered as outstanding with regard to the Improvement Assessment Framework was highlighted. It was noted that further updates will be presented to the Board through the Corporate performance report from September.</li> </ul>

Members questioned the 2 to 3 month delay in ambulance data being received. Members were assured that any issues will be raised locally and across Greater Manchester and would be reported back to the Board in future performance reports.

Members also discussed whether monitoring is available with regard to the “see and treat, hear and treat” service and whether this is putting undue demand on other parts of the health service. The Board was informed that a more detailed dashboard is available which will be shared with the Board.

#### **Presentation on Discharge to Assess**

Following discussions at a previous Board meeting, the Board had agreed to highlight a particular area of the performance report and receive a presentation on this. The focus this month was a presentation on discharge to assess.

The presentation included an update on the principles of discharge to assess, why we are developing this in Bolton, the service model proposed, national and Greater Manchester guidance and evidence which shows improvement in patient outcomes from discharge to assess models, the current situation and provision, the Home First campaign and the next steps from piloting the discharge to assess service to full implementation.

The Chair requested that the questions raised by Mrs Howarth be considered in the discussions held on the presentation received. Members discussed the presentation received and noted that similar work is developing in all localities across Greater Manchester. Members commented on the importance of ensuring the service will work as effectively as planned and discussed what plans there were for joint assessments. It was noted that joint assessments will take place within a multi-disciplinary team setting, to be more therapy led, to support the assessment of what the individual will need to allow them to return to their home. It was also noted that the proposed 2 hour lead time from home assessment is an average time and the focus will be on a safe and timely discharge home.

The Board acknowledged the risks facing patients staying in hospital for any length of time and that this service would focus on a wider robust package of care for patients. It was noted that the service would also offer the clinicians the right to admit directly to an Intermediate Tier bed if further assessment showed that patient required this.

Members noted that ongoing evaluation of the service would be undertaken and, dependent on the findings, further necessary changes will be implemented to ensure the service is effective and of a high quality. Members requested that joint communications are developed as a collaborative initiative to ensure the right messages are being sent to the public and patients.

One of the concerns raised by Mrs Howarth’s related to concerns around the quality of social care, and Members discussed what assurances are in place to show that we are commissioning adequate social care quality. It was noted that the CCG does not directly commission social care. However, through discussions on joint commissioning arrangements, it is hoped that both health and social care will be able to start to address these issues collaboratively.

The Board reviewed the questions raised by Mrs Howarth and updated on the collaborative work developing across the CCG and Local Authority with regard to support to care homes and the work developing in partnership to ensure the care home economy remains sustainable. Mrs Howarth raised further points on bed closures, an inadequate health budget, lack of confidence that this service will work in particular with regard to private providers of home care, public distrust on the messages being sent on the effects of long stay in hospital and concerns that old people being discharged from hospital will not be done in a safe and

	<p>effective way. The Chair acknowledged that the confidence in the service needs to be seen as the pilot progresses. He also acknowledged the financial pressures within the NHS but acknowledge there is still waste within the NHS which needs to be addressed further.</p> <p><b>The Board noted the update on the performance report and the presentation on discharge to assess. The Board agreed to receive a joint presentation from the FT and, Local Authority at the next meeting to update on the current developments of the discharge to assess service to give further assurances to the Board.</b></p> <p><b>The more detailed dashboard on the “see and treat, hear and treat” service would be shared with the Board.</b></p>
129/17	<p><b><u>Report of the Chief Finance Officer including CCG QIPP Performance Update Month 4</u></b></p> <p>The month 4 report detailed that 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. It was noted that the CCG is on track to deliver against all key financial duties but with risks around the revenue and efficiency requirements.</p> <p>The financial position at month 4 is in line with the CCG’s financial plan to deliver the required surplus. This includes over performance on acute contracts of £857k which is currently under review and validation. Prescribing spend for May has increased slightly, but still indicates delivery of the QIPP target year to date. Pressures are being reported in Mental Health out of area placements and CHC. Action plans are being developed to mitigate these overspends.</p> <p>It was also reported that there are some underspends being seen on corporate areas which are supporting the delivery on the CCG’s QIPP target this year. There are also some underspends in primary care, which the CCG is working with NHS England to ensure these are true underspends.</p> <p>The risks around prescribing were highlighted further. The CCG is currently reporting a small underspend on other areas of prescribing and not GP prescribing. The latest data is showing some significant pressure areas due to pricing of medication. A full review of these risks has been undertaken by the Finance and QIPP Committee who has agreed that a further review be undertaken to understand the extent of this, which will be reported back to the next meeting of the Committee. The Committee had also highlighted concerns with regard to ongoing data issues across the CCG and Bolton FT and the concerns that need to be raised at both Greater Manchester and national level with regard to price changes.</p> <p>Members also noted the decrease with regard to committed reserves.</p> <p>With regard to the CCG QIPP performance update, it was noted that the format of the report is currently under development and future reports will detail the plans to deliver the Joint Savings Programme. This will combine 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 was presented as a separate paper for this month.</p> <p>It was noted that the area causing concern was regarding the new models of care scheme.</p>

	<p>The Finance and QIPP Committee has also reviewed this in some detail. The expectation is to see some benefits from the implementation of the locality plan in other areas of the system, however due to delays in implementation, the benefits are not yet being realised.</p> <p>Also highlighted was the QIPP Scheme overview. The Finance and QIPP Committee has flagged up the need to have an early focus on next year's targets. The Committee has acknowledged that a lot of resource is targeted at developing the locality plan schemes, however there is a need to ensure business as usual for the CCG's QIPP schemes.</p> <p><b>The Board noted the financial position at month 4 and recognised the level of risk identified and note the process in place by the Executive and Finance and QIPP Committee to review scenarios on a monthly basis. The Board also noted the QIPP performance for the financial year 2017/18 as at Month 4.</b></p>
130/17	<p><b><u>Board Assurance Framework – Quarter 1</u></b></p> <p>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>It was noted that a full risk review has been undertaken by the Executive and there are currently 12 objectives reaching a high risk score, with 6 reaching a significant risk score. The Board's attention was focused on the high risk scores.</p> <p>It was noted that the Board Assurance Framework has been redesigned to present each strategic objective on a separate page, highlighting the controls, assurances, gaps in assurances and ongoing monitoring.</p> <p>Tony Ward also highlighted the discussions held at the Finance and QIPP Committee on the level of spend on the Transformation Fund which is 50% lower than what is planned to be achieved in year 1. This has not been identified as a specific risk and questioned whether the wording of Risk F1 should be reviewed to include any risk regarding the delivery of the Transformation Fund.</p> <p><b>The Board noted the Board Assurance Framework and the assessment of strategic and high level corporate risks for Quarter 1 (April to June 2017). The Board agreed to review the wording in risk F1 regarding the delivery of the Transformation Fund and review if this has an impact on any other risk areas.</b></p>
131/17	<p><b><u>Annual Reports and Updated Terms of Reference from Committees</u></b></p> <p>The Board was presented with the annual reports and updated terms of reference for 2016/17 for the Committees that directly report to the Board. The annual reports and terms of reference presented are for:-</p> <ul style="list-style-type: none"> <li>• Audit Committee.</li> <li>• Remuneration Committee.</li> <li>• Finance and QIPP Committee.</li> <li>• Conflicts of Interest Committee.</li> <li>• Primary Care Commissioning Committee.</li> <li>• Health and Safety Committee.</li> </ul> <p>It was reported that the Quality and Safety Committee annual report and updated terms of reference would be presented to the September meeting.</p> <p><b>The Board approved the annual reports and updated terms of reference for the above</b></p>

	committees for 2016/17 and agreed to receive the same reports from the Quality and Safety Committee at the September meeting.
132/17	<p><b><u>GM Health and Social Care Strategic Partnership Board – 30/6/17</u></b> The Minutes were noted.</p> <p><b><u>Health and Wellbeing Board – 20/7/17</u></b> The Minutes were noted.</p> <p><b><u>Primary Care Commissioning Committee – 10/8/17</u></b> The Minutes were approved.</p> <p><b><u>CCG Executive Update – July/August 2017</u></b> The update was noted.</p> <p><b><u>CCG Quality &amp; Safety Committee Minutes 12/7/17</u></b> The Minutes were approved.</p>
133/17	<p><b><u>Any Other Business</u></b> There was no further business discussed.</p>
134/17	<p><b><u>Date of Next Meeting</u></b> It was agreed that the next meeting would be held on <b><u>Friday 22<sup>nd</sup> September 2017 at 12.30pm</u></b> in the Bevan Room, 2<sup>nd</sup> Floor, St Peters House.</p>
135/17	<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>