

MINUTES

NHS Bolton Clinical Commissioning Group Board Meeting

Date: 23rd June 2017

Time: 12.30pm

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

Present:

Wirin Bhatiani	Chair
Alan Stephenson	Lay Member/Vice Chair (in the Chair)
Su Long	Chief Officer
Annette Walker	Chief Finance Officer
Tony Ward	Lay Member, Governance
Zieda Ali	Lay Member, Public Engagement
Stephen Liversedge	Clinical Director, Primary Care & Health Improvement
Barry Silvert	Clinical Director, Commissioning
Jane Bradford	Clinical Director, Governance and Safety
Shri-Kant	GP Board Member
Tarek Bakht	GP Board Member
Mary Moore	Chief Nurse
Romesh Gupta	Secondary Care Specialist Member
David Herne	Director of Public Health, Bolton LA

In attendance:

Melissa Laskey	Director of Service Transformation
Helen Sanderson-Walker	Communications and Engagement Officer

Minutes by:

Joanne Taylor	Board Secretary
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Minute No.	Topic
86/17	<p><u>Apologies for absence</u></p> <p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> Charles Hendy, GP Board Member. Linda Thomas, Deputy Leader, Bolton LA.
87/17	<p><u>Introductions and Chair's Update</u></p> <p>Board members introduced themselves. There were 4 members of the public in attendance at the meeting.</p> <p>The Chair reflected on the previous update at the last Board meeting on the significant events that had happened in Manchester. He reported that he had written to Bolton FT and the Ambulance Service to thank their staff for their excellent response in the tragic circumstances. He asked the Board to further reflect on this and the other devastating events that had happened since and requested the Board join him in a minute's silence.</p> <p>The Chair also updated the Board that this will be Annette Walker's last board meeting due to her appointment as Director of Finance, Bolton FT. The Chair thanked Annette for her hard work and dedication to Bolton CCG over the last 8 years. This appointment will be a great benefit to the locality development work going forward.</p>

	<p>The Chief Officer also reported that Bolton FT is keen for the transfer to happen quickly and therefore the CCG has arranged acting up arrangements through the Deputy Chief Finance Officer, Jackie Murray, whilst a full recruitment process is undertaken. To support Jackie Murray, her role will focus on financial management and current reporting arrangements into the Chief Finance Officer role will change to allow Jackie to fully act as the Chief Finance Officer but to retain a focus on finance. Annette Walker will be moving to Bolton FT from mid July, now the CCG is confident on the interim arrangements and the fact that Annette Walker is still within the locality.</p>
88/17	<p><u>Questions/Comments from the Public on any item on the agenda</u></p> <p>Christine Howarth raised two questions relating to the item on the agenda on integrated healthcare for older people. The first question raised was what is to be the nature of integrated healthcare care in the community for older people, after £22 billion of cuts throughout the country, given that locally so many GPs have retired and will be difficult to replace, and that now there is a 'hole' in the workforce plan for GM healthcare. The second question raised was regarding the bed occupancy percentage rates for Royal Bolton Hospital and Greater Manchester Mental Health over the past 3 years?</p> <p>The Chair thanked Christine Howarth for her questions and noted that the key element to the questions focuses on what is Bolton doing for the elderly population through the developments with the Locality Plan and how is Bolton going to resolve the workforce issues. The Board is due to receive a presentation on the Locality Plan developments and the Chair requested that the presentation focuses on the initiatives being developed in terms of elderly care and workforce.</p> <p>With regard to the second question, information on bed occupancy rates would be shared with Mrs Howarth to review and ask any further questions following the meeting. The Chair also highlighted the comments received by Mrs Howarth regarding NHS resources and agreed that in this country, resources were not being spent as comparatively as in other countries.</p> <p>With regard to care for older people and others, the Chair asked Mrs Howarth whether, in her opinion, it is better to receive care at home or in the community rather than in hospital. Mrs Howarth reported that, from evidence gathered, older people should be cared for in hospital. Mrs Howarth further stated that the wrong balance is being struck and this is a cuts agenda nothing to do with quality and integrated care and relates to the lack of ability to discuss and consult on the best care for the elderly.</p> <p>Jim Sherrington also raised issue on accessibility to the public board meeting and due to the ongoing issues with the lift at St Peters House, this is excluding people with disabilities from accessing CCG public meetings. The Chair agreed that the CCG will reflect on these comments and address the issues going forward to ensure there are no further access issues. It was noted that the CCG is currently developing plans to possibly relocate from this building and the ongoing issues with the lift will be a key consideration in any move.</p> <p>It was agreed that a contingency plan would be put in place in case of any further issues with the lift and the public board meeting would be moved to an alternative venue at the last minute if there are any issues.</p>
89/17	<p><u>Declarations of Interest in Items on the Agenda</u></p> <p>All GP Board Members declared an interest in the item on the agenda regarding the Bolton Locality Plan and Transformation Fund Quarterly Report. The Chief Finance Officer also declared an interest in all the items on the agenda further to her appointment as Director of Finance at Bolton FT.</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>
90/17	<p><u>Minutes of the Meeting previously agreed by the Board and Action Log from 26th May 2017 meeting</u></p> <p>It was noted that most actions have now been completed or are not yet due for completion.</p> <p>The Minutes were agreed as an accurate record and the updates to the action log noted.</p>
91/17	<p><u>Patient Story</u></p> <p>This month's patient story relates to a story from a patient who had received good care and treatment at Bolton FT and through the district nursing service. However, there were issues regarding patient transport as the patient had to attend a number of different appointments all on different sites. There were also issues raised regarding transfer of patient notes.</p> <p>Members raised the issue around access for patients to facilities nearer to their home and received an update on the developments with the Bolton Care Record. Members noted the benefits this would have for patients and were informed that all 9 early adopter practices were in the process of checking data before the go live could commence.</p> <p>With regard to patient transport issues, the Board requested that the CCG undertake to benchmark where clinics are and how these are accessed and that a further update be provided at the next meeting showing the true picture of travel times for patients, where they are having to travel to, the number of occasions when they have to change sites and include any required action plan.</p> <p>The Board noted the Patient Story and agreed to receive an update on patient transport issues at the next meeting.</p>
92/17	<p><u>Healthier Together: Reaffirming the clinical case for change</u></p> <p>The report served to provide additional assurance to the Board that recent audits and clinical guidance have reaffirmed the clinical case for change for Healthier Together in-scope services.</p> <p>It was reported that the refreshed and reconfirmed clinical case for change for healthier together was supported by the CCGs across Greater Manchester in March 2017. In July or August, the CCG is expecting to bring the implementation case through the Board which will make clear the clinical model, the number of patients expected to be treated in Bolton and the number to be transferred, timescales and finances.</p> <p>This month, the Chief Officer shared with the Board the key points from the updated review of the clinical evidence to support the change, which included an update on surgical outcomes for high-risk elective and emergency general surgical patients compare unfavourably with international results and ongoing clinical challenges and variation in practice. This is further to evidence gained from organisations such as the Royal College of Surgeons, the Health Services Research Centre and the Royal College of Anaesthetists.</p> <p>It was reported that evidence continues to be provided that supports the Healthier Together principle of bringing teams together across areas into a single service partnership so surgical teams are working together to ensure 24/7 consultant presence to improve outcomes for those people with the most high risk conditions.</p>

	<p>It was noted that with regard to the emergency general surgery variation across Greater Manchester sites (compared to national average) the statistics are showing that this is carried out in 9 acute hospitals with admissions varying from 8 to 28 per day, reviews within 14 hours by a consultant surgeon varying from 44-63% (55%) and timeliness of emergency laparotomy 75-84% (82%). With regard to colorectal cancer, the numbers of major resections per Greater Manchester site is small; 71 to 116 patients per annum, however the outcome benefits across Greater Manchester need to be realised. There were also variations across Greater Manchester with regard to major elective surgery. Use of laparoscopic surgery 19-75% (52%), proportion of patients staying more than 5 days 49-90% (69%) and higher readmissions (15%) than the England average.</p> <p>Healthier Together is all about meeting standards higher than any hospital in Greater Manchester can currently meet alone. The model is underpinned by the creation of clinical standards, recognising the risks with the current model. Work is developing through 84 clinical congress/workshop sessions attended by over 370 clinicians and 400 Greater Manchester Quality and Safety standards have been produced.</p> <p>The benefits expected from services working in partnership is around shared clinical rotas and the most high risk surgery being carried out at Salford Royal for local patients, resulting in reliable care, eliminating variation and equitable care, rapid senior decision making to ensure the right care in the right place at the right time, tangible outcomes which are visible to the service such as timely reviews by consultants, timely access to theatre and an increase in ambulatory care, to ensure people not needing an overnight stay in hospital because they are rapidly assessed and scanned.</p> <p>Members raised issues around recruitment and retention. It was acknowledged that there is work to be done on recruitment and this will be visible in the final implementation case for change. The real aim is to make Greater Manchester an attractive place for surgeons to want to work.</p> <p>Members also raised concerns regarding mortality rates versus the timeline for senior clinician decision making. The plan is to ensure these are linked so that consultants are reviewing patients regularly after surgery as a rapid rescue process, with ongoing monitoring. It was also acknowledged that there is a need to ensure correct public awareness of the Healthier Together changes is publicised including other ongoing developments that link to Healthier Together.</p> <p>The Board noted the update and agreed to review the final Case for Change at a future board meeting.</p>
93/17	<p><u>Bolton, Salford and Wigan Partnership Update</u></p> <p>The Board received a presentation on the partnership work developing across the Bolton Salford and Wigan partnership in the NHS. It was noted that this had previously been named as the North West Sector Partnership.</p> <p>The presentation detailed the need for this partnership working and the real opportunities to be achieved by working together, aiming for high quality services, fit for the future in terms of funding and workforce, available 7 days a week with high levels of clinical consistency and to include attracting and retaining staff to work in the North West.</p> <p>The Partnership has reviewed the original Healthier Together public consultation regarding patients being offered the best care focusing on general surgery, urgent and emergency care, medicine and radiology and agree this cannot be delivered across all hospitals, therefore working together will enable specialist services to be delivered with other care being provided locally.</p>

	<p>The partnership between Bolton, Salford and Wigan CCGs and Trusts was set up to make these changes happen, however, it is recognised there is a lot more that can be done to improve patient care in other areas too.</p> <p>The presentation highlighted the work developing in general surgery where the Partnership is working towards better standardised care, fewer patients being admitted, with more seen and treated as outpatients, health professionals working together on joining up patient journeys, rotas and training. Work is also developing in urgent, emergency and hospital care where A&E, acute and emergency medicine teams are starting to work together, developing a wider workforce that can complement the work of senior medical staff and agreeing standardised clinical patient journeys and processes, whichever hospital a patient attends.</p> <p>It was further noted that, at the same time, the Partnership is reviewing how it can make improvements in some other areas by working together namely Paediatrics, particularly surgery for children, with a 24/7 specialist service, breast services where a single service would operate to make the best use of workforce, with local assessment, diagnostics and follow up care, urology where a single service would make the best use of the workforce, with local assessment, diagnostics and follow up care, orthopaedics to standardised patient journeys and a single service for dermatology to make best use of highly skilled staff. The Partnership will continue to work together for the benefit of the whole population of Bolton, Salford and Wigan and will ensure appropriate public consultation is undertaken on the above ideas.</p> <p>Members noted that these developments are closely aligned with the work across Greater Manchester and the Partnership will continue to consider other services that may benefit from a single service partnership, to ensure there is consistency in clinical standards, quality, patient experience and provision of resilient services.</p> <p>Members discussed the proposed timelines for implementation of the Healthier Together changes. It was noted that some sectors are nearer to commencing implementation, whereas others need to invest in building work and increase hospital beds once financial cases have been approved and will, therefore, take longer. Members acknowledged the positive developments from both the Healthier Together and the Partnership working arrangements.</p> <p>The Board noted the developments across the Bolton, Salford and Wigan Partnerships and the links with the Healthier Together developments.</p>
94/17	<p><u>Bolton Locality Plan and Transformation Fund Quarterly Report</u></p> <p>The Board received the first quarterly update on progress on the development of the Bolton Locality Plan and Transformation Fund. The report also highlighted the governance and accountability processes and reporting, monitoring and evaluation of the Locality Plan.</p> <p>It was highlighted that workforce is critical to the future redesign of health and social care services to ensure services are fit for the future. There is a recognition that there is currently a shortage of workforce in certain areas which are being addressed.</p> <p>With regard to governance and accountability, it was noted that The development and implementation of the Bolton Locality Plan and supporting Transformation Fund is driven by the System Sustainability and Transformation Board (SSTB) which includes senior representation from all system partners and programme leads. This group reports to the Health and Wellbeing Executive and ultimately to the Health and Wellbeing Board. The Locality Senior Responsible Officer (Su Long, Chief Officer, Bolton CCG) is responsible for ensuring the planning and monitoring through these committees, escalating issues and communicating actions to SSTB members. Implementation of Locality Plan programmes is the responsibility of themed Strategy and Planning Groups which report into SSTB.</p>

	<p>Also highlighted, following on from Mrs Howarth's questions at the beginning of the meeting, was the development of a new workforce in primary care across all disciplines to free up GP time to concentrate on the more complex conditions, the frail and elderly. This is a fundamental development of modernising the NHS for the future, supporting individuals, especially the over 65s to return home quicker. Key work is also developing with care homes, including better technology, rapid support and leadership in care homes. Work is also developing with the CVS, Age UK and public health on health prevention, focusing on the over 65s on initiatives such as loneliness, falls and mental health developments.</p> <p>It was reported that all schemes have now been approved. The next steps are to sign off the investment agreement with the Greater Manchester Health and Social Care Partnership, to commence the required recruitment processes. The focus will be on the delivery of outcomes to deliver the significant improvements required to shift activity and resources into the community to achieve significant financial challenges shared across the locality. Future reports will start to show the differences made across the system.</p> <p>The presentation showing the public slides to be used for publicising the Locality Plan, worked up jointly with local and voluntary organisations, was also shared with the Board. The presentation included the plans to discuss with the local population how they can have their say in how the Locality Plan develops, building services around people to bring down any barriers between teams and keyworkers to make a patient's journey simpler. Part of the plans is also to link people with developments happening in their communities, linking to voluntary groups that they may not be aware of, talking about good quality hospital care that is responsive and there when needed and proposed investments in new technology to provide better responsive services.</p> <p>The Board noted progress to date on the Locality Plan and Transformation Fund and agreed to receive quarterly update reports at future meetings. A copy of the Locality Plan publicity presentation would be sent to Members for further feedback/comment.</p>
95/17	<p><u>Bolton Quality Contract (BQC): Update on Dementia</u></p> <p>This month's focus was regarding the dementia standard within the BQC. The presentation received highlighted dementia prevalence in Bolton. It was noted that year on year, there has been a substantial increase in the number of people with dementia.</p> <p>The presentation highlighted Bolton's performance against performance across Greater Manchester comparators and national peers with the same demographics. Bolton is reported as average in both areas. It was acknowledged that there is further work to be done with GP practices to understand the work required in this area, to improve formal diagnosis of patients and ensure comprehensive reviews are in place.</p> <p>The Board noted the update on the BQC standard on Dementia and agreed to receive a report and presentation on other standards within the BQC at future meetings.</p>
96/17	<p><u>CCG Corporate Performance Report</u></p> <p>The exceptions from this month's report were highlighted:</p> <ul style="list-style-type: none"> • Improvements in A&E targets noted. • Achievement of Red 1 target by NWAS this month and continued improvement in performance. • Previous issues regarding ambulance handovers, now showing improvements. Also noted that NWAS is currently undertaking a 90 day improvement event. • Performance for the incomplete RTT pathway standard for April 2017 was achieved with 92.1% of patients waiting less than 18 weeks for planned procedures, against a threshold of 92%. This is a slight deterioration of 0.5% on the March 2017 position.

- The six week diagnostic waiting time standard failed in April 2017 with 1.17% of patients waiting longer than six weeks for their diagnostic procedure, against a threshold of 1%. This is a deterioration of 0.46% compared to the March 2017 position. Ongoing pressures remain around endoscopy, arising from increased demand nationally following changes to NICE guidance and national cancer campaigns, however Bolton is achieving this target.
- Excellent performance being reported on the Mental Health IAPT service recovery target is excellent. However, the IAPT service failed the 15% access rate target in April for the 7th consecutive month. GMMH have provided assurance that the service is now fully staffed and attribute the drop in April to limited working days over the Easter period, and new staff being in the process of building up to full caseloads. The service is now fully staffed and it is anticipated that the target will be achieved from August.
- Significant pressures are being seen in the RAID service, with a significant number of referrals which appear to relate to out of hours pressures. It was noted that recruitment is ongoing.
- The Maternity 12+6 target issues previously reported continue to underperform. This is largely due to Bury patients choosing to come to Bolton. Further discussions are taking place with Bury CCG.
- With regard to community services, the admission avoidance team are seeing referrals 19% higher than planned. This is proving that GPs are using the service more effectively. However there remain some staffing issues which will be resolved once recruitment processes have been completed.
- Performance and recruitment with regard to Integrated Neighbourhood Teams remain an issue.

Members noted the issues with regard to the breast screening service and the impact this is having on 2 week referrals. It was agreed there is a need to address these issues and work is starting to review this across the Bolton, Salford and Wigan Partnership arrangement to ensure breast services are providing the best care across the population. It was noted that a lead clinician is taking this work forward.

Members also raised concerns around the development of Integrated Neighbourhood Teams, in particular the need for a fundamental review of the current model. It was noted that a workshop has been held to discuss with key clinical staff and managers to start to build on doing things differently, including empowering staff to make the necessary changes. The report from this workshop will be shared with Board members. The main topic of discussion focused on putting the GP, the patient and carer at the centre on integrated neighbourhood working.

Members noted the admission avoidance team referral target, to see patients within 48 hours and queried the length of time for this referral. Members also noted the recurrence of a Never Event of a retained swab and the assurance received that this type of event would not happen again. It was noted that the CCG has fully review the incident and been assured that further training and accountability will be seen from this. The CCG will look to gain further assurances.

Presentation on the Urgent Care Action Plan

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 an update on the Urgent Care action plan and the collaborative work developing across the system to improve services.

	<p>The Urgent & Emergency Care Board has developed a work plan through collaborative working, to improve the Urgent & Emergency Care System for Bolton residents. The Work Plan consists of 5 Key Priority Areas, aligning with the National Urgent Care agenda and Bolton's Locality Plan. The Key Priorities are Emergency Response in the Community, Emergency Care at the Hospital, Operational Standards and Flow, "Think Home First" and Transfers of Care. The Board was taken through each key priority area to highlight the developments and progress to date in each area.</p> <p>The presentation also highlighted current performance:</p> <ul style="list-style-type: none"> • A&E 4 hour target performance currently stands at 84.77% YTD & 85.64% MTD for June, against the national target of 95%. • Average Length of Stay for patients currently stands at 4.8 days at last reports for April, against a target of 4.3 days. • Currently Delayed Transfers of Care (DTC) reported on the 20th June are at 16, these are patients who are Medically Fit awaiting further support from the system to move them to a more appropriate place. • Non Elective Admissions for May 2017 where 3,327, a 2.2% increase on the figure for May 2016. <p>The Board noted the update on the performance report and the presentation on the Urgent Care Action Plan. The Board agreed to receive a copy of the key report from the Integrated Neighbourhood Team workshop once finalised.</p>
97/17	<p><u>Chief Finance Officer Report for the month ending 31st May 2017 including Joint Savings Performance Update Month 2</u></p> <p>The new style Chief Finance Officer report was presented to the Board. With regard to the financial plan context, it was reported 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, this excludes the carry forward surplus of £8.3m from 2016/17.</p> <p>With regard to key financial duties, it was reported that the CCG is on track to deliver against all key financial duties but with risks around the revenue and efficiency requirements. With regard to the year to date financial performance, financial information for month 2 is not yet fully available due to the usual timing delays in receiving hospital activity and prescribing information.</p> <p>It was also reported that a separate paper is currently under development which will be presented to the Board each month which details 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.</p> <p>It was noted that the Chief Finance Officer Report and draft Joint Savings Performance report have been fully reviewed by the Finance and QIPP Committee and further changes are to be made to the format of the Chief Finance Officer report. The Committee has also proposed that, for future reports, a high level summary be produced with the detailed report being reviewed through the Finance and QIPP Committee.</p> <p>Members noted that the CCG remains in a good financial position overall, however the main pressures remain with providers. Members discussed the need to link Locality Plan developments with independent sector organisations. The Chief Finance Officer agreed it is important to reach out to the main private providers, as critical parts of the system, to support the delivery of elective targets and agreed there is a need to ensure BMI Beaumont is</p>

	<p>included in these discussions, the same as with all other provider partners. The CCG had previously tried to implement incentives, but acknowledge that now is the time to link in with them to explore all future opportunities to ensure all providers are working towards the same direction of travel. It was noted that the Finance and QIPP Committee had also raised this as an issue.</p> <p>The Board noted the financial position at Month 2, recognising the level of risk identified and noted the process in place by the Executive and Finance & QIPP Committee to review scenarios on a monthly basis.</p>
98/17	<p><u>CCG Executive Update – May/June 2017</u> The update was noted.</p> <p><u>CCG Quality & Safety Committee Minutes 10/5/17</u> The Minutes were approved.</p> <p><u>CCG Audit Committee Minutes 24/5/17</u> The Minutes were approved.</p> <p><u>CCG Finance & QIPP Committee Minutes 26/5/17</u> The Minutes were approved.</p>
99/17	<p><u>Any Other Business</u> There was no further business discussed.</p>
100/17	<p><u>Date of Next Meeting</u> It was agreed that the next meeting would be held on <u>Friday 28th July 2017 at 12.30pm</u> in the Bevan Room, 2nd Floor, St Peters House.</p>
101/17	<p><u>Exclusion of the Public</u> “That publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted, and that the public be excluded”.</p>