

MINUTES

NHS Bolton Clinical Commissioning Group Board Meeting

Date: 26th September 2014

Time: 12.30pm

Venue: Main Meeting Room, Friends Meeting House

Present:

Wirin Bhatiani	Chair
Joe Leigh	Vice Chair & Lay Member, Governance
Alan Stephenson	Lay Member
Colin Mercer	Clinical Director, Clinical Governance & Safety
Stephen Liversedge	Clinical Director, Primary Care & Health Improvement
Barry Silvert	Clinical Director, Commissioning
Charles Hendy	GP Board Member
Tarek Bakht	GP Board Member
Shri Kant	GP Board Member
Su Long	Chief Officer
Annette Walker	Chief Finance Officer
Mary Moore	Chief Nurse

In attendance:

Wendy Meredith	Director of Public Health, Bolton LA
Nicola Onley	Head of Communications & Engagement, Bolton CCG
Jayne Wright	District Services Network Director, GMW
Alice Seabourne	Lead Consultant, Old Age Psychiatry, Bolton Directorate, GMW
Gill Green	Director of Operations & Nursing, GMW
Jon Vannierkerk	Lead Consultant, Bolton Directorate, GMW

Minutes by:

Joanne Taylor	Board Secretary
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Minute No.	Topic
147/14	<p><u>Apologies for absence</u></p> <p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> Ann Benn, Lay Member, Public Engagement. Charlotte Mackinnon, GP Board Member.
148/14	<p><u>Introductions and Chair's Update</u></p> <p>Board members introduced themselves. There were 9 members of the public recorded on the attendance sheet.</p>

	<p>The Chair updated the Board on:</p> <p>Since May, sixteen business professionals, selected from 150 applicants, from across the region have been competing in the 2014 Manchester Executive MBA Challenge - consisting of four rounds of intense business challenges - which culminated in a grand finale that drew to a close on Wednesday 17th September. Jackie Bell, Deputy Head of Commissioning at Bolton CCG was one of the competitors and she came second overall in the Challenge and actually won the final 2 challenges. Jackie received scholarships to the value of £4,000 towards an Executive MBA.</p> <p>Bolton CCG Business Intelligence team has been awarded Foundation Level Accreditation from the Informatics Skills Development (ISD) Network. The CCG is one of only 5 NHS organisations across the North West, and the only CCG to achieve this award. The accreditation looks at the CCGs compliance against a range of standards, including staff development, standard operating processes, how embedded the BI team is in the organisation and therefore ensuring that the team is fully engaged in enabling delivery of the organisations priorities. The award was given out at the NWISD Connect conference on the 17th September. Bolton CCG's BI team was identified for best practice in a number of areas, specifically, the development of a robust business plan, comprehensive standard operating procedures and excellent channels of communication both within the team and with other teams within and external to the organisation.</p>
149/14	<p><u>Questions/Comments from the Public on any item on the agenda</u></p> <p>Questions were raised with regard to the item on the agenda on the report on the implementation of the GMW service change. A member of the public queried whether readmissions reflected early discharge of patients to meet targets and highlighted to the Board the concerns raised by GPs asking if there were possible GP and consultant barriers with the new service. A member of the public also commented on the achievements made by GMW with the service change and praised the progress to provide home based mental health care.</p> <p>Jim Sherrington asked if the CCG could consider providing tables for members of the public to use at the board meetings.</p> <p>It was agreed to review the layout of the room to see if this could be accommodated.</p>
150/14	<p><u>Declarations of Interest in Items on the Agenda</u></p> <p>There were no additional declarations of interest. The Board noted that ongoing declarations of interest stood for every Board meeting and were publicised on the CCG's website.</p>
151/14	<p><u>Minutes of the Part 1 and Part 2 Meetings previously agreed by the Board and Action Log from 22nd August 2014 meeting</u></p> <p>The action log was discussed. The Chair highlighted the action on page 3, regarding ambulance waits. This was included in the corporate performance report, however the Chair wished to highlight the comments raised by members of the public within the Healthier Together consultation process where the quality of patient transport systems had been raised, particularly with the Arriva patient transport system.</p> <p>The Chair reported that further discussions would be held on this issue with the Executive.</p> <p>It was also agreed to change the baseline on the actions completed from April 2013 to April 2014.</p>

	The Minutes were agreed as an accurate record and the update on the action log noted.
152/14	<p><u>Report on the implementation of the GMW Service Change</u></p> <p>The Board received an introduction to the two papers supporting this item:</p> <ul style="list-style-type: none"> - the report on the evidence of successful implementation from GMW - and a CCG paper recommending decision. <p>The CCG Board previously decided at the Board meeting on 5 May 2014 to support the revised proposal from GMW and mitigation plans, immediately commence implementation of the community based investment and capital programme and to receive evidence at this meeting against the key measures to approve the closure of the beds planned for October 2014. It was agreed that, if the CCG is not satisfied that the beds can be closed on review of this data and any exception reports, the CCG will not sanction the beds being closed. The CCG report provides a review of the data from GMW and exception reports in order to take the decision on the planned changes for October 2014.</p> <p>Through the human resource process undertaken by GMW, there has been a step by step increase in community provision with the community mental health team and home based treatment team offering the extended hours planned in the proposal. It was noted that full community staffing complement will be available to support the planned caseloads in the proposal on closure of the beds.</p> <p>Members discussed and commented on the proposals.</p> <p>Joe Leigh raised a question regarding readmission rates and the kind of rates that would be expected for this service. It was noted that the national average is around 10%. There were positive steps being made on some wards where patients' stay was reducing due to home based care being provided with a backstop of crisis admission if required, making the overall stay less.</p> <p>Charles Hendy raised a question regarding length of stay for older people on organic wards and asked what percentage returned to their own home. It was reported that a minority of elderly patients return home, many are in some form of residential or nursing care on admission and some had to be placed in specialised facilities on discharge.</p> <p>Barry Silvert raised the issue regarding the number of patients with mental health issues attending A&E, which currently stood at around 10 cases per day. He asked if any benchmarking had been carried out in this area. GMW representatives reported that data was now coming through regarding the RAID service which was showing across the three districts GMW covered, the figures were similar. The CCG is keen to ensure that there is not an increase in attendances at A&E. It was agreed this would continue to be monitored to ensure this is contained.</p> <p>Colin Mercer and Annette Walker had visited the Linden ward and highlighted the main points from the visit. Colin highlighted the provision of better accommodation for most vulnerable patients when they need it, and discussions held with front line staff who were positive about the changes being made. GMW representatives also confirmed that testing had been undertaken to ensure beds on the Linden ward were kept free and available when required, which would reassure the Board and alleviate concerns previously raised regarding length of stay issues. Annette Walker also reported on the visit and highlighted the positive views from clinicians and staff that this is a change for the benefit of the patient. Hospital stays would be transitional for the patient, moving them back home which staff felt was an improvement rather than having to stay in a hospital environment.</p>

	<p>The remaining questions and comments made by members of the public at the beginning of the meeting were discussed. Stephen Liversedge reported on the work done in the primary care team on the possible issues regarding GP and consultant barriers. Primary care is committed to more care in the community and see this as a partnership between specialist care and primary care. Colin Mercer reported no incident reports had been received on this service and was reassured with the information being presented by GMW. Discussions had also taken place at the last clinical lead meetings and a suggestion made that a clinician be invited to discuss with GPs on the thresholds around rapid response time and what is managed in primary care and what is managed by GMW to help this process.</p> <p>The Chair summed up by highlighting the importance of offering services to people in their own homes and the need to make these changes to ensure people receive the treatment they require at home and only being admitted to hospital if that is what is required.</p> <p>It was also noted that in addition to the proposals outlined in the report, a 24 hour helpline would be coming on stream for all service users and all mechanisms were in place to ensure appropriate transport arrangements to the Woodlands using the protocol developed with families and carers.</p> <p>It was noted that the recommendations offered further mitigation than the original decision.</p> <p>The Board approved the following recommendations:</p> <ul style="list-style-type: none"> (i) To agree to the implementation of the next phase of the Acute pathway redesign regarding the closure of 15 beds on Oak ward (adults), retaining 42 adult beds, the transfer of organic beds to Woodlands and closure of Linden Ward. (ii) As additional mitigation over and above that already put in place, commission GMW NHS FT to bring into rapid service up to an additional 1-5 beds available on Hazelwood ward should there be an emergency demand pressure for beds during the period of transition. (iii) Receive a further evaluation report following the first year of implementation. (iv) Delegate to the Executive, the regular monthly monitoring of quality indicators.
153/14	<p><u>Sustainable Development Management Plan</u></p> <p>The plan detailed how the CCG currently performs in relation to Sustainable Development. Section 3.4 was highlighted which detailed the achievements already made by the CCG. Further improvements on delivery were noted which included an action plan being monitored through the Executive.</p> <p>Members discussed the need for an annual review of progress and plans at Board level. Members discussed what the impact on the CCG would be if the CCG did not achieve targets. It was reported that there were specific target set which the PCT had previously responded to in relation to European and international carbon reduction targets. The CCG was not set specific targets but there was a requirement to be accountable for being a more sustainable organisation which was also one of the CCG's authorisation duties and accountable officer statutory requirement.</p> <p>The CCG was also looking to include sustainability in the development of future commissioning policies and procurement processes to ensure the inclusion of sustainability testing through the commissioning function.</p> <p>The Chair raised the issue of capacity in delivery of these plans and this would be monitored through the Executive to review any barriers in taking these actions forward.</p>

	<p>The Board noted the report and current status of the CCG with regard to Sustainable Development and approved the Sustainable Development Management Plan. The Board agreed to receive an update on the action plan in 12 months' time.</p>
154/14	<p><u>Patient Story</u></p> <p>The Patient Story describes an issue, complaint, or incident relating to patient care and will be presented to future Board meetings to provide a patient focus for the Board. These stories originate from issues raised with the CCG or providers through complains and incidents.</p> <p>The first of these reports related to an issue regarding access to counselling services by a Bolton patient and highlighted variability in the service. It was noted this had now improved due to having one point of access for this service.</p> <p>Members questioned whether this related to more than one patient. The feedback received was that the provider had responded quickly and appropriately to this incident and lessons learned had been made retrospectively. This was a good patient story highlighting the complaints procedure ensuring issues like these are resolved quickly and appropriately.</p> <p>The Board noted the report.</p>
155/14	<p><u>Corporate Performance Dashboard</u></p> <p>The new style corporate performance report was presented which now included performance on the CCG's objectives, NHS Constitution, outcome and quality framework, finance and contract performance, quality premium, quality indicators and workforce/HR performance to improve consistency on reporting timescales and reduce duplication. It was noted that on occasion additional information would be included in future reports and next month the report would include achievement of the 2013/14 quality premium.</p> <p>The Board was updated on issues raised previously regarding the 62 day cancer breaches in June. Barry Silvert reported that there had been 7 patients treated outside the 62 day target, 1 was due to a patient being on holiday, 2 were due to internal Trust delays and issues and 4 were due to complex pathways and involved multi-disciplinary teams by 3 different providers. A root cause analysis had been undertaken which had highlighted the need to reduce waiting times in diagnostics and improve turnaround times for reporting as this had an impact on this target. It was also noted that there was work ongoing across Greater Manchester to reduce diagnostic waits, including developing work with GPs regarding appointments processes to ensure patient availability when being referred.</p> <p>Issues regarding ambulance handovers was also discussed. It had been acknowledged that information received was inadequate and a pilot had been undertaken at Manchester Royal Infirmary using a new algorithm. There was a need to work towards a different process as the information currently being received was not appropriate. From the meetings held with the ambulance service, it was apparent that there were issues regarding patients from outside the area which contributed to a number of ambulances turning up outside A&E departments and issues regarding measuring real numbers.</p> <p>The plan was to make improvements which included use of an ambulance liaison officer and full utilisation across all hospital departments. The footprint of A&E departments was also inadequate due to limited space for attendance and assessment of patients. The FT's estates plan had been discussed by the Executive which included plans for the A&E department. A report would be presented to the next meeting of the Board regarding the estates plan.</p>

	<p>Members asked that future reports include information on community services performance. It was acknowledged that the CCG was looking to provide this information linking with the integration and primary care development agendas. The CCG had received a good response from Bolton FT to provide this data and would look to include this information in future reporting to the Board.</p> <p>Members noted the deterioration with regard to performance on stroke. It was noted that the Executive has been updated on the review undertaken to work together to redesign the service to ensure it was more effective for patients.</p> <p>The Board noted the formal month end position for July 2014 (Month 4) in respect of performance against key delivery priority targets. A further report on Bolton FT's Estates Plan would be presented to the next meeting of the Board. Information on community services performance to be included in future reports.</p>
156/14	<p><u>Report of the Chief Finance Officer</u></p> <p>An update was given on the CCG's current financial position. The CCG is planning to deliver against all key financial duties to deliver a year end surplus of £3.5m. The risks to this were the ongoing pressures on over performing contracts and continuing healthcare (CHC). However both areas had seen improvements over the past month, but it was noted that both areas were volatile and the position could change.</p> <p>Also highlighted to the Board was the prescribing forecast underspend of £235k. Recent information received had shown this position move adversely by £500k. This was a relatively small in-month movement, but significant and the position would continue to be monitored closely.</p> <p>The main issue reported was regarding the CCG's performance on QIPP. The CCG continued to manage the under delivery through non-recurrent slippage and moving reserves to be on track to deliver. The Executive continued to discuss the position in more detail on a regular basis. The CCG was also forecasting a potential underspend on running costs. However, it was noted that the CCG had a 10% reduction target to meet next year, therefore this current position would set the CCG on the right direction for the following year.</p> <p>Members discussed and noted the separate reports on the agenda on QIPP and CHC. Members also discussed the prescribing volatility. It was noted that some of the changes are beyond the CCG's control due to the way drugs are categorised and forecasting an outturn position is complex. There was a need to look at other measures around volume increase and it was agreed to task the Executive to review the volatility and understand the local position going forward.</p> <p>Also discussed were the main pressure on non-elective demand. Members were informed that work was developing with Bolton FT to look at what is driving this overspend. It was noted that this was general pattern being seen across Greater Manchester. The Board would be kept up to date on this issue.</p> <p>The Board noted the report and the financial position as at Month 5 and noted the level of risk identified and the process put in place by the Executive to review scenarios. Further discussions to be held by the Executive regarding the prescribing volatility and further reports on non-elective activity to be reported to the Board at a future meeting.</p>

157/14	<p><u>QIPP Programme Update</u></p> <p>The report provided further detail to the Board on the progress of the QIPP Programme and highlighted the schemes in development to enable achievement of the QIPP and financial plans.</p> <p>The Board noted the gap at month 5 in delivery against plan which requires getting schemes back on track and identification of additional new schemes to deliver the required QIPP target of £4.7m. The majority of failure to achieve QIPP was in the area of continuing healthcare and therefore a full report was being presented to the Board at this meeting.</p> <p>Non elective activity was also increasing and a meeting had been held with Bolton FT to agree immediate actions on the areas identified as having a significant increase. Internal actions were also being taken on identifying additional schemes and the cost impact of these which would be included in the next report to the Board.</p> <p>Members had requested a fuller discussion on the strategic picture for QIPP for 2015/16. A discussion would be held at the next Board Development session in preparation for the Board discussion on next year's financial plan.</p> <p>The Board noted the update.</p>
158/14	<p><u>Commissioner Assurance Briefing: Bolton FT Cost Improvement Programme</u></p> <p>The Board was updated on the assurance gained to date on the Bolton FT cost improvement programme, with specific focus on planned reduction of beds by wards. The Board was asked to comment on further information required that would support assurance.</p> <p>It was reported that Bolton FT had held the planned medical bed closures originally planned for July due to continued pressures in non-elective emergency demand. Bolton FT and the CCG had met to identify further actions that can be taken by both organisations to reduce the pressure on emergency admissions. Plans for further bed reductions would be shared with the CCG when the FT was at a point to implement these plans.</p> <p>The proposal was that further assurances would be reported to the Board from the Executive when the FT was in a position to implement any future changes.</p> <p>The Board noted the report and agreed to receive further updates when changes were to be implemented by Bolton FT.</p>
159/14	<p><u>Winterbourne View Update</u></p> <p>Rachel Tanner, Assistant Director Care Management, Bolton Council and Melissa Laskey, Associate Director Commissioning, Bolton CCG presented the update to the Board on the Winterbourne View. This report informed the Council and CCG of progress in relation to the Winterbourne View project and repatriation of Bolton residents from out of area secure and specialist hospital provision. It is expected that the re-provision of all patients will be delivered within the allocated resource and also provide some flexibility to meet additional demand in the medium term.</p> <p>It was noted that further discussions are required between the CCG and NHS England to understand the resource following the patient for the people whom NHS England currently fund. It was also noted that the work undertaken locally to understand the needs of individuals was being recognised as an area of good practice across the North West and Bolton was on target to deliver to the revised timescales.</p>

	<p>Members discussed contracting procedures when delivering complex services. Work was progressing through framework agreements across Greater Manchester where providers are selected on a quality basis and where quality indicators are shared across the Council and CCG to ensure procurement quality provision for these individuals.</p> <p>Funding streams were also discussed. It was reported that financial planning over the next three years had been undertaken to ensure affordability for this period. Risks were also being built into this internally.</p> <p>The Board noted the update and agreed to receive a further update in 6 months.</p>
160/14	<p><u>Review of Continuing Health Care (CHC)</u></p> <p>The report detailed the pace of change and progress towards the effective and efficient working of the CHC team and that the delivery of the QIPP target is now prioritised and owned by the CHC Team. It was noted that further developments were required to be made but the team was now stable and able to tackle the work outstanding.</p> <p>Members discussed the delivery of the QIPP target. It was anticipated that the position will improve over the coming months. It was clarified that the annual budget for CHC is £14.9m, with a QIPP target to reduce this spend to £13.9m recurrently. However, the CCG was now forecasting spend of £15.4m. It was noted that there had been some improvements, but the prospect of savings previously envisaged were not as realistic as previously had been thought. These risks were currently being managed internally.</p> <p>Members questioned whether adding more resource in this area would assist. It was noted that the issues faced in this area were not unique to Bolton and were a national issue. Members also discussed the opportunities available working with Bolton FT.</p> <p>The timeline for completion of the backlog of restitution cases was also discussed. The team was making good progress for completion of all cases by the end of 2015. The Executive would continue to review trajectory in this area and review resources required on a regular basis.</p> <p>The Board noted the report and planned actions to be monitored through the Executive and approved in principle investment and reallocation of equipment to support agile and remote working.</p>
161/14	<p><u>Integration Update on Milestone Plans</u></p> <p>The Board received an update on the integration progress. The report included progress against milestones and key performance indicators.</p> <p>Highlighted was the next phase of the work being developed with GP practices and the integrated neighbourhood teams looking at the GP perspective on what integrated care means from a primary care perspective to develop integration work in a variety of ways. It was expected that the first fully integrated neighbourhood team would be in place within the next few weeks.</p> <p>Members discussed the need to ensure that measures agreed across Greater Manchester measure the same outcomes to start to compare more clearly and share good practice. It was noted that this was now being actioned to bring back these outcomes to CCG and Health and Wellbeing Boards in the future.</p>

	<p>The Chair focused the Board on the Better Care Fund as the first opportunity to bring the integration agenda forward. He requested that the Board scrutinise and challenge this as the integration agenda is developed.</p> <p>The Board noted the update.</p>
162/14	<p><u>Healthier Together – Summary on the Public Consultation</u> The report summarised the public consultation recently undertaken on Healthier Together. In Bolton, there had been good engagement with the public through different arenas which had generated good debates around the general healthcare provided in Bolton.</p> <p>The CCG was committed to getting the message out to as many Bolton people as possible. The Communications and Engagement team has been working hard with all partners across the health and social care economy and thanks were given to the team for supporting this process, focusing on groups that find it hard to engage in consultation processes.</p> <p>Members discussed the level of responses received. It was reported that Bolton had a higher response rate than the average. It was also reported that the Healthier Together Committee in Common had formally agreed to accept responses until 24th October.</p> <p>The Board noted the report and the engagement undertaken in Bolton. The Board thanked the CCG communications and engagement team for their hard work during this consultation.</p>
163/14	<p><u>Healthier Together Committee in Common Minutes 21/8/14</u> The minutes were noted.</p> <p><u>CCG Executive Update</u> The update was noted.</p> <p><u>Information Governance Update Report</u> The update was noted.</p> <p><u>Safeguarding Annual Report 2013/14</u> The Annual Report was noted.</p> <p><u>Minutes from the Health & Wellbeing Board 3/9/14</u> The minutes were noted.</p>
164/14	<p><u>Any Other Business</u> There was no further business discussed.</p>
165/14	<p><u>Date of Next Meeting</u> Agreed as Friday 24th October 2014 at 12.30pm in the Main Meeting room, Friends Meeting House.</p>
Part 2 Board Meeting (if required):	
166/14	<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>