

## Bolton Clinical Commissioning Group

### MINUTES

#### NHS Bolton Clinical Commissioning Group Board Meeting

**Date:** 24<sup>th</sup> October 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
Ann Benn	Lay Member, Patient Engagement
Annette Walker	Chief Finance Officer
Mary Moore	Chief Nurse

**In attendance:**

Wendy Meredith	Director of Public Health, Bolton LA
Sarah Fletcher-Hogg	Communications Officer

**Minutes by:**

Joanne Taylor	Board Secretary
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Minute No.	Topic
167/14	<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>• Charlotte Mackinnon, GP Board Member.</li> <li>• Wendy Meredith, Director of Public Health, Bolton LA (attended for the first hour only).</li> </ul>
168/14	<p><b><u>Introductions and Chair's Update</u></b></p> <p>Board members introduced themselves. There were 16 members of the public recorded on the attendance sheet.</p> <p>The Chair updated the Board on the recent clinical engagement event held with Bolton FT. The event had been beneficial in bringing together clinicians from both organisations to discuss a joint approach in developing health services across the borough.</p>

	<p>The Chair also highlighted the recent publication of the NHS 5 year forward view from the Chief Executive of the NHS, where one of the main messages highlighted was on the need for investment in primary and community care services.</p>
169/14	<p><b><u>Questions/Comments from the Public on any item on the agenda</u></b></p> <p>Karen Reissmann, Secretary of Save Bolton Health Services raised questions relating to the tender of psychological therapies service, further to the campaign launched regarding the tendering of this service.</p> <p>Wendy Meredith declared an interest in this item due to the Local Authority being a provider of the Think Positive service.</p> <p>The concerns raised were regarding the tender price being less than the current cost, how the CCG expected an improvement in service with a budget cut, who was expected to bid for this and who are the likely bidders, how does offering this service to private contractors benefit users of the service or the CCG, what is the timetable for the tender process and has the CCG an estimate of how much the tender process costs the health service.</p> <p>Annette Walker responded by saying that the CCG was tendering for the service as the current contracts do not give a service that matches the need of Bolton people. No tender price has been set. A national benchmark figure was quoted in the tender but the CCG do not expect to spend less on psychological services than the current total contract value as a result of this tender exercise. It was also reported that the current service providers are an NHS organisation, a council service and voluntary sector groups co-ordinated by a social enterprise. The CCG did not expect the impact of this to be privatisation of services.</p> <p><b>It was agreed that a full response would be sent to Karen Reissmann in due course.</b></p> <p>Jack Firth commented on the recent clinical engagement event held and requested that Health Watch should be involved at such events from a patient perspective. The Chair responded by confirming that further discussions would be held with Health Watch on this.</p> <p>The representative from the Lesbian and Gay Foundation commented on the notification to cut funding in specialist mental health services and felt that the consultation exercise had been flawed. The question was asked whether the CCG had plans to undertake the consultation process again to allow this organisation to put forward their case in the need to retain this specialist service. It was noted that the Foundation had written to the CCG regarding their concerns and a formal response would be sent regarding this issue.</p> <p>A member of the public also raised concerns regarding the delivery of the patient transport service by Arriva, the issues for patients regarding long waits and the need for improvements. Questions were asked on when the CCG would be looking to review this service. The Chair responded by saying that this issue was being discussed at every public forum as part of the Healthier Together consultation and the CCG was fully aware of the dissatisfaction with the current provider. It was noted that the data received by the CCG had shown some improvements but the CCG was not satisfied that the standards recently set are not being met. There were ongoing discussions on this issue across Greater Manchester and further discussions would be held by the Board in due course.</p>
170/14	<p><b><u>Declarations of Interest in Items on the Agenda</u></b></p> <p>There were two items on the agenda which all GP Board members have a potential interest in namely the primary care co-commissioning process and primary care estates. It was noted that as these were update reports to the Board and not requiring any decisions to be taken, GP board members could be part of these discussions at this stage.</p>

	<p>It was also noted that an amendment had been made to the declarations of interest register for Board members this month from Barry Silvert, Clinical Director for Commissioning. A briefing on the change was tabled and noted by the Board. It was noted that this addition did not restrict Dr Silvert being involved in any discussions at this board meeting.</p>
171/14	<p><b><u>Minutes of the Meeting previously agreed by the Board and Action Log from 26<sup>th</sup> September 2014 meeting</u></b></p> <p><b>The Minutes were agreed as an accurate record and the update on the action log noted.</b></p>
172/14	<p><b><u>Patient Story</u></b></p> <p>Colin Mercer presented the patient story for this month. This focused on a child's referral to the Child and Adolescent Mental Health Service. It was noted that the CCG was looking at different ways to present the patient story at future meetings. Members discussed the option of publicising any videos online once presented at the board meeting.</p> <p>Jack Firth reported that a patient was willing to attend a board meeting to present their story.</p> <p><b>The Board noted the update. Presenting patient stories in different formats would continue to be developed with the CCG's Communications and Engagement team.</b></p>
173/14	<p><b><u>Primary Care Co-Commissioning Process</u></b></p> <p>The Board received an update on progress with regard to the primary care co-commissioning process. The report included an update on the emerging guidance from NHS England, the local benefits of taking part in this, the proposed scope of Bolton CCG's involvement, progress towards co-commissioning and the next steps to support the CCG's commissioning strategy.</p> <p>The main points highlighted were:</p> <ul style="list-style-type: none"> <li>• CCGs take an increasing role in commissioning primary care services.</li> <li>• Bolton's expression of interest in co-commissioning general practice with NHS England and the response received confirming Bolton's readiness.</li> <li>• Bolton's current position on commissioning of locally enhanced services.</li> <li>• The commissioning of dental, community pharmacy and eye health services was currently outside this remit.</li> <li>• This will fulfil the CCG's ambition of joining up clinically led and integrated services, which fits with investing in improving in capacity in out of hospital services.</li> <li>• The work of the Primary Care co-commissioning programme oversight group to develop the next steps including the development of three models on greater involvement, joint commissioning and delegated arrangements with the majority of CCGs opting for the joint commissioning model.</li> </ul> <p>It was important to note that NHS England has no additional resources for these developments. The CCG has also discussed with the Area Team, the ambition to expand a Bolton Quality Contract to fulfil the CCG's ambition to provide better health, better care, better value for money and better experience for patients, which the CCG was currently engaging with practices, Health Watch and other local partners to develop this ambition further. It was noted that member practices did support the idea of a Bolton Quality Contract. The CCG was at a state of play where the Area Team was impressed with the work developed so far and these ideas were being replicated across Greater Manchester.</p> <p>However, there were some issues surrounding conflicts of interest in developing co-commissioning in Bolton and there would be a need to establish a joint committee with all</p>

	<p>partner organisation to ensure appropriate governance processes were in place.</p> <p>The next steps were presented. The CCG would continue to develop the Bolton Quality Contract and complete the engagement process with all partners prior to providing a case to NHS England. A joint committee would also be established and the CCG would need to be prepared to change its constitution if necessary to develop these steps further.</p> <p>Members discussed the report. Concerns were raised regarding the current reconfiguration of NHS England and the potential for the support required by NHS England to be diluted. There were concerns raised regarding the required governance processes, in particular regarding the capacity in which representatives on the joint committee would serve, what powers would be delegated and transferred by which organisation, appropriate appeals process, correct rules of engagement, with full openness and transparency through each process undertaken.</p> <p>It was acknowledged that each of these areas required further development before a joint committee could be established. The CCG was endeavouring to discuss these issues further with NHS England and has been advised that further guidance will be published.</p> <p><b>The Board noted the update.</b></p>
174/14	<p><b><u>Greater Manchester (GM) Policies for Approval: Cataract Surgery and Pelvic Vein Embolisation</u></b></p> <p>Board approval was sought on two policies that had been through the agreed GM effective use of resources (EuR) governance arrangements and had been approved by the Association of Greater Manchester CCG's Governing Group in September. The policies related to pelvic vein embolisation in the management of varicose veins and cataract surgery. The process by which these policies are developed, ratified, implemented and audited was highlighted to the Board.</p> <p>It was noted that Pelvic Vein Embolisation in the Management of Varicose Veins is not currently commissioned by CCGs and there are no CCG EuR policies in place. The treatment is experimental and should only be delivered as part of a trial. Consequently, there are no commissioning or cost implications anticipated for CCGs relating to the implementation of this policy.</p> <p>With regard to the policy on cataract surgery, the CCG does not currently have a policy in common with 5 other CCGs in Greater Manchester and patients are currently treated according to clinical recommendation. There are 7 CCGs within Greater Manchester who have policy criteria for cataract surgery, which is not significantly different to the Greater Manchester EuR policy attached. It is not anticipated that there would be a significant cost implication for the CCG, although a slight reduction in activity may be seen.</p> <p><b>The Board approved the policies for CCG adoption and implementation and noted the benefit of approving these policies to achieve consistency in the NHS offer across GM.</b></p>
175/14	<p><b><u>Primary Care Estates Update</u></b></p> <p>The report provided a briefing to the Board on recent developments with regard to the local primary care estate including an update on those schemes identified as priorities by the CCG which now await consideration by the Greater Manchester Area Team.</p> <p>It was reported that during the period of NHS reorganisation prior to April 2013, GP practices were unable to progress developments or improvements to premises requiring capital funding. Similarly, a local estates group, which reviewed the Building Better Health for Bolton</p>

	<p>strategy and supported the prioritisation of Avondale and Farnworth Health Centres, was unable to complete its work as a consequence of the paralysis in the system.</p> <p>In July, the Area Team confirmed the availability of capital funding and issued guidance in relation to the approval process for investment in property development. As part of the approval process, bids (or Project Initiation Documents (PIDS)) for capital funding for premises improvements were submitted by GP practices. These were then reviewed and the PIDs that met the criteria were submitted to the Area Team to be compiled into a Greater Manchester priority list. From this process 6 bids were prioritised.</p> <p>Also highlighted was the work commissioned with BRAHM LIFT colleagues to identify all possible estates options across Farnworth and Kearsley and the area around Avondale health centre to identify property implications and opportunities.</p> <p>The next steps were noted. The CCG would develop further opportunities to secure capital funding for Bolton practices in particular with regard to CQC and statutory building requirements. The strategic estates group recently established would oversee completion of this process within its oversight of the wider strategic context.</p> <p>Members discussed the need to test these developments and arrangements further including reviewing the future direction of travel when moving services into primary and community services. Members discussed the funding available for investment in Bolton, which was proposed to be around £9m to £10m for capital expenditure.</p> <p>Also discussed was the addition of a GP representative on the strategic estates and the development of this group as a non-decision making group. It was noted that the group's main responsibility was to develop the co-ordination of strategies across the health economy with all partner organisations.</p> <p><b>The Board noted the update on developments in respect of the approval process for capital funding and the subsequent progress made by the CCG in supporting and prioritising schemes associated with premises development and improvement in general practice/primary care estate.</b></p>
176/14	<p><b><u>Corporate Performance Dashboard</u></b></p> <p>The report highlighted the CCG's performance against all key delivery priorities for August 2014. It was noted that a community services dashboard was in development. Also noted were the exception reports against each performance indicator where the CCG was not achieving its targets.</p> <p>The report also highlighted performance on Arriva, which provided the non-emergency patient transport service. Also included was enhanced information on falls data, which had been requested by the Board at the July meeting.</p> <p>It was noted that the CCG was still awaiting to hear on confirmation of achievement of the Quality Premium for 2013/14 from NHS England. The information provided in appendix 1 was the CCG's anticipated position.</p> <p>Also highlighted was the information included in the report regarding the plans to reduce non elective admissions. The increase had largely been due to the closure of the Bolton Community Unit. However, high level action plans had now been agreed with Bolton FT to reduce these admissions further. Also noted was the failure to achieve the 6 week waiting time target for August, which was due to equipment failure involving 3 endoscopy machines. The faults had now been corrected and it was anticipated that this target would be achieved</p>

	<p>from September. There also remained issues with regard to the achievement of ambulance targets which was an issue across the North West.</p> <p>Members discussed the falls data, and if this related to all patients or focused on specific areas. It was confirmed that this data related to all patients where falls had been reported. Members discussed the possibility of developing benchmarking with other trusts to understand how falls were managed in Bolton.</p> <p><b>The Board noted the report and agreed to explore the possibility of benchmarking falls data with other Trusts.</b></p>
177/14	<p><b><u>Report of the Chief Finance Officer</u></b></p> <p>The Board received an update on the financial position of the CCG as at September 2014. The CCG is planning to deliver against all key financial duties but with increased risks this month around the revenue and efficiency requirements described in section 10 of the report.</p> <p>It was reported that the financial position to month 6 is a surplus of £1,765k which is in line with the CCG's financial plan. There is an ongoing financial pressure on the Continuing Healthcare budget and an over spend on Acute Services and Prescribing. Whilst there are some underspends in other areas, reserves are currently being utilised to ensure that the CCG delivers the required surplus.</p> <p>The QIPP programme was showing a significant shortfall against the year to date plan and a forecast shortfall of £1,149k against the full year plan. The impact of this was being managed through the application of the contingency reserve set aside and continued to be monitored by the Executive.</p> <p>The Board's attention was drawn to the contract performance for acute services detailed in table 3 of the report which was showing a reduction in over performance from £919k in August to £655k in September. The Board was advised of ongoing discussions with the CCG and Bolton FT due to the over performance significantly in the areas of A&amp;E, emergency admissions and FP10 prescribing. The CCG was working with Bolton FT to understand the differences with regard to forecasting and contract validation.</p> <p>It was noted that next month's report would include a report on ongoing issues regarding counting and coding for activity and payment of this, following high level discussions taking place in November regarding these issues.</p> <p>Other areas to note were regarding the prescribing forecast overspend of £207k, partly due to the impact for CCGs on the increase in category M drug prices which would have a potential cost pressures to the CCG and would be kept under review and continuing healthcare remained a cause for concern. The CCG remained on target to deliver within running costs, with a forecast underspend, mainly due to slippage on posts.</p> <p>Members discussed the strategic agreements required with the CCG and the FT. The Board requested a full update at the November Board meeting on progress made. The Board was reminded of the financial scenarios regularly reviewed by the Executive and Board which would continue to be reviewed and updated as required as plans were developed.</p> <p><b>The Board noted the report and the financial position as at month 6. The Board also noted the level of risk identified and the process put in place by the Executive to review scenarios and agreed to receive an update at the next meeting on counting and coding on additional activity.</b></p>

178/14	<p><b><u>QIPP Programme Update</u></b>  The Board received an update on the delivery of the QIPP programme. As at month 6 the position stands at a £944k saving against a month 6 plan of £1,644k. This includes additional schemes that were not included in the plan at the beginning of the year. The forecast outturn for QIPP savings in 2014/15 is £3,551m against a target of £4.7m to deliver our financial requirements. This is based on the current in year delivery and profiled trend to year end. Further schemes for 2014/15 have been identified and anticipated financial savings values have been allocated to some while others are still being profiled, however this will only go part way to achieving the £4.7m target. Additional schemes to a minimum value of £1,149 and/or over delivery of current schemes are required to achieve the £4.7m target.</p> <p>It was noted that work was progressing on the development of new schemes, however the benefits would not be seen until the next financial year.</p> <p><b>The Board noted the update and agreed to receive information in future reports on the 2015/16 projections. It was noted that QIPP would also be discussed at the Audit Committee meeting on 5<sup>th</sup> November 2014.</b></p>
179/14	<p><b><u>Healthier Together Committee in Common Briefing Note &amp; Minutes September 2014</u></b>  The minutes were noted. It was agreed that the information produced showing the link with the local committee structures and Healthier Together would be circulated to the Board and be made available on the CCG website.</p> <p><b><u>GM Association of CCGs Summary from October meeting</u></b>  The summary was noted.</p> <p><b><u>CCG Executive Update</u></b>  The update was noted.</p> <p><b><u>Minutes from the Quality &amp; Safety Committee 24/9/14</u></b>  The minutes were noted.</p> <p><b><u>Minutes from the Governance &amp; Risk Committee 12/9/14</u></b>  The minutes were noted.</p>
180/14	<p><b><u>Any Other Business</u></b>  There was no further business discussed.</p>
181/14	<p><b><u>Date of Next Meeting</u></b>  Agreed as Friday 28<sup>th</sup> November 2014 at 12.30pm in the Main Meeting room, Friends Meeting House.</p>
<b>Part 2 Board Meeting (if required):</b>	
182/14	<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>