Bolton Clinical Commissioning Group

MINUTES

NHS Bolton Clinical Commissioning Group Board Meeting

Date: **28th November 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**
Charlotte Mackinnon	**GP Board Member**
Tarek Bakht	**GP Board Member**
Shri Kant	**GP Board Member**
Ann Benn	**Lay Member, Patient Engagement**
Su Long	**Chief Office**
Annette Walker	**Chief Finance Officer**
Mary Moore	**Chief Nurse**

In attendance:

Wendy Meredith	**Director of Public Health, Bolton LA**
Sarah Fletcher-Hogg	**Communications Officer**
Rob Bellingham	**Director of Commissioning, NHSE Area Team**

Minutes by:

Joanne Taylor	**Board Secretary**

Minute No.	Topic
183/14	**<u>Apologies for absence</u>** Apologies for absence were received from: • Tarek Bakht, GP Board Member.
184/14	**<u>Introductions and Chair's Update</u>** Board members introduced themselves. There were 21 members of the public recorded on the attendance sheet. Karen Reissmann introduced the members that had attended who were representing the Save the Bolton health services campaign. Karen had submitted some follow up questions to the Chair and Chief Officer further to the questions raised at the October board meeting.

	Karen also handed the Chair a petition including over 8,000 names of people in support of the campaign. The Chair also reported that he had received a letter of resignation from Charlotte Mackinnon from her roles as Board member and clinical lead for children and maternity. Charlotte was to continue in her clinical lead role for safeguarding and would be serving a period of notice on her other roles. The CCG would be undertaking an election process in the future to recruit to the vacant board member position. The Chair also reported that interviews had been undertaken that day for the secondary care specialist board member role. An announcement on the successful candidate would be made once all the recruitment paperwork had been completed.
185/14	**Questions/Comments from the Public on any item on the agenda** The Chair had discussed with Karen Reissmann prior to the meeting that only questions specific to items on the agenda can be taken and that there were other routes for questions being raised to be answered. However, Karen requested that the Chair allow her to read out her questions at the meeting. The Chair agreed to this and confirmed that answers would not be able to be given at the meeting. The Chief Officer responded to the questions raised by confirming that a letter had been sent to Karen Reissmann answering the questions raised at the October board meeting and that a copy of the letter would be appended to the minutes from that meeting. In summing up, the Chief Officer reported that the CCG had to follow the rules within the Health Act regarding procurement when implementing service changes. Su Long also confirmed that it was not the CCG's intention to reduce spend on IAPT services, the intention was to increase spend on mental health services by reducing resources spent on other acute services. Su Long had also made a statement in her response letter that this will not lead to privatisation. The CCG had to ensure that the correct procurement processes were in place and that this was communicated to the relevant organisations, however this could not be shared with individuals. Su confirmed that the Board meeting was not the place for continued questions and answers on this particular area, however she was willing to speak to people outside the Board meeting if this would be helpful.
186/14	**Declarations of Interest in Items on the Agenda** GP Board Members expressed an interest in the item on the agenda regarding improving primary care in Bolton. There would be no requirement for the GPs to remove themselves from these discussions, as there were no decisions being taken at this meeting on this item. Barry Silvert expressed a potential conflict of interest in the item on the agenda regarding Bolton FT estates and proposed to leave the meeting at this stage. Charles Hendy, Charlotte Mackinnon and Shri-Kant also confirmed an interest in this item. Following the comments made by members of the public, Wendy Meredith expressed her ongoing declaration of interest regarding psychological therapy services. The Board noted that ongoing declarations of interest stood for every Board meeting and were publicised on the CCG's website.
187/14	**Minutes of the Meeting previously agreed by the Board and Action Log from 24th October 2014 meeting** **The Minutes were agreed as an accurate record and the update on the action log noted.**

188/14	**<u>Patient Story</u>** Colin Mercer presented the patient story for this month. This focused on a complaint from a Bolton patient who unfortunately had a poor experience with Arriva Patient Transport service. The report details how the CCG has addressed this complaint and further action to be taken with Arriva at a future performance meeting being held in December. Members queried the service being provided by Arriva, given the mode of transport that was used to transport this patient home was by taxi. It was acknowledged that these issues would be discussed with Arriva through the contract monitoring meeting to be held to ensure standards are improved further. Members noted that although standards had improved, 80% meant that 1 in 5 patients were not getting the required standard of pick up within 1 hour. **The Board noted the update. Presenting patient stories in different formats would continue to be developed with the CCG's Communications and Engagement team.**
189/14	**<u>Relocation of Children's Outpatient Department and Minerva Day Centre</u>** Dr Barry Silvert left the meeting at this point. Bolton FT has proposed the relocation of Children's Outpatient Departments from the Bolton FT site and Hallliwell Health Centre and services from the Minerva Day Centre to Bolton One. These moves would provide improved environments for patients to receive clinical care, whilst addressing the risk of harm to patients and staff in respect of the high and significant backlog maintenance issues identified with the premises that the services are currently delivered from. This proposal is in accordance with Bolton FT's estates strategy to reduce the hospital footprint and utilise community premises, and aligns with the CCG's estates strategy relating to transferring services into the community and into higher quality buildings. It was noted that the Quality Impact Assessments (QIAs) and the Equality Impact Assessments (EIAs) processes were still ongoing. However, it was appropriate to present the proposal at this stage acknowledging that approval would be subject to finalising these processes. Members discussed the proposal and sought confirmation that services proposed to be moved would be the services that the CCG would want to relocate into the community. It was agreed these are services that have the poorest estate currently and are the right services to move. It was acknowledged that this was an opportunity to look at innovative ways to look after children in the community and would provide a central base for patients. Members discussed the role of the Strategic Estates Group, in particular the process for consultation with the local population and GPs regarding the deployment of community services. It was noted that the group's main role was to co-ordinate, align and understand the wider estate strategies to develop the best options for the whole health economy. It was noted that the paper from the Bolton FT board meeting was appended to this report detailing the wider estates proposals in relation to the FT's estate. This was the only part of these proposals that the CCG had the ability to approve. Members raised the question of whether appropriate public consultation had been carried out and if the estates issues outlined in the FT's report were included on their risk register. **The Board supported Bolton FT's proposal to relocate the Children's Outpatient Departments and services from the Minerva Day Centre to Bolton One. The Board also agreed to delegate responsibility for final sign off of the relocation to the Executive once the EIA and QIA processes have been finalised. Confirmation would also be sought to ensure that risks regarding Bolton FT's estate plans were included in their risk register.**

	Dr Silvert rejoined the meeting at this point.
190/14	**<u>Improving Primary Care in Bolton</u>** The Board was presented with the case for improving general practice in Bolton and the work done to date to develop an innovative approach to this for commissioning in 2015/16. The proposal focused on the CCG's strategic plan and vision regarding the transfer of services into the community and primary care setting. The intention is to deliver a contract that supports the required investment in capacity in General Practice through providing a guaranteed income per patient and incentives for delivery of standards. This exciting initiative is being supported by the Greater Manchester Area Team of NHS England, has been shared with all Greater Manchester CCGs as being at the forefront of meeting the needs of the GM Strategy for Primary Care and is receiving positive interest nationally from influential leaders in NHS England and the Department of Health. The Bolton Quality contract will set a clear set of standards for General Practice in Bolton and will be separate to the core contract already in place. The CCG was seeking agreement to use locally enhanced services (LES) and additional CCG investment to achieve consistent high level standards in general practice, offering higher quality of care and deliver savings at a level to allow the contract to pay for itself. It was noted that the publication in the Bolton News on the national funding available for extended hours was not part of this process. The CCG's priority is to develop this contract to improve services within core hours before further developments around extended hours are considered. The risks involved in developing this contract were highlighted to the Board, and acknowledged that these risks need to be mitigated further before the investment can be made. Some risks had been identified by Health Watch regarding asking more from an already overworked service. It was acknowledged that by making this investment, the aim was to increase capacity to help the workforce to become less stretched. Stephen Liversedge presented some in depth information on the nature and standards to be implemented within this contract and the game changing concept to be achieved. He highlighted the current inequity in funding within practices, growing demand, and the need for primary care to be developed to be fit for purpose in the future. It was noted that primary care is dealing with current demand and having less time to deal with more important issues. Quality and safety in primary care is also in danger if it continues to work in the same way. It was noted that the KPIs had been designed to realise savings. The CCG had undertaken significant engagement with member practices in designing the standards and KPIs which have been modified throughout the process. It was noted that the majority of practices were in agreement with the development of the contract. It was also noted that due to CCG conflicts of interest and the joint nature of the commissioning process required for this Bolton Quality contract, there would be a need to delegate to the Primary Care co-commissioning committee the agreement of the standards, measures, contractual terms, and payment arrangements and make a case to the CCG Board to approve the inclusion of the investment needed in the financial plan for 2015/16. Rob Bellingham, Director of Commissioning from NHS England Area Team, was invited to the discussions. He confirmed NHS England's support to the development of this contract. He took the Board back to the agreement by all 12 CCGs to the Greater Manchester Primary Care strategy, which was reliant on developments such as the Bolton Contract. He was further assured that the Board had been involved from the commencement of this process

	and supported this development. He was keen to support the Joint Committee and would be the representative for NHS England. He reiterated the interest this development had generated both regionally and nationally and confirmed that this work had been shared with other organisations. Members discussed the financial risks and ring fencing of GP budgets. It was reported that further due diligence work on the finances was being undertaken. The key theme is to ensure this is understood and risks identified. Rob Bellingham identified the different types of GP contracts, GMS, PMS and APMS, with the latter two being subject to review. With regard to the PMS review, Rob confirmed that any money released from a contract must be reinvested into general practice and the CCG area from which it came. With regard to APMS contract which were due for review as these were only for an initial term, the area team was clear that the process to review contracts and reprocure will be done in agreement with the relevant CCG. The degree of assurance given is that all reviews will be done in conjunction with the responsible CCG and this was the clear approach across Greater Manchester in moving towards a co-commissioning process. Members questioned the status of the NHS England representative on the joint committee and the committee's role. It was confirmed that there would be equal authority across all organisations when running a co-commissioning body. Level B requires a joint committee to be established and model terms of reference had now been published for adoption. Rob Bellingham confirmed that the challenge for NHS England Area Team would be logistically representing a possible eight joint committees across Greater Manchester. However, he gave assurances that representatives of the right seniority with the ability to make appropriate decisions would be put forward. Wendy Meredith reported on the risks highlighted in the report regarding the public health position. Wendy confirmed that the Local Authority public health broadly supported this approach with regard to the innovative nature and potential outcomes this could bring. Further work would be undertaken with the CCG around the financial mechanisms for paying practices and assurance on access to information, performance issues etc. Subject to these issues. It was noted that discussions with the Council to develop the proposal further were due to take place. Members sought clarification on whether this was the CCG's proposal for co-commissioning with NHS England. It was noted that the Joint Committee will be a place where the CCG can have an influence over some of the work undertaken by NHS England, for example on current contract reviews, plus other developments such as the Bolton Quality Contract. It was noted that formalising of the committee arrangements will be from April 2015 and will focus on tasks from NHS England. However, the governance arrangements would be put in place sooner as a shadow co-commissioning arrangement which would be formalised through the CCG's constitution, which would be shared once developed. Members noted the support received from the local population on the development of the contract. Annette Walker also commented that part of the solution to the problem regarding limited resources is around ensuring that funds are used in the correct way, acknowledging the risks but ensuring the right decisions are made for Bolton patients. Members acknowledged the initial additional work this will place on GP practices, but agreed this was an opportunity to invest to deliver better services for the future. **The Board agreed the delivery of a Bolton Quality Contract for General Practice to be set as a commissioning intention for 2015/16 by the CCG. The Board noted the risks highlighted in section 8 of the report which need to be mitigated further before the investment can be made.**

	Due to CCG conflicts of interest and the joint nature of the commissioning process required for this Bolton Quality Contract, delegate to the Primary Care co-commissioning committee the tasks outlined in the report and make a case to the CCG Board to approve the inclusion of the investment needed in the financial plan for 2015/16.
191/14	**Risk Management Strategy** A Risk Management Strategy was approved by CCG Executive and the Governance and Risk Committee in October 2013. It was submitted to the Board at its meeting on 22nd November 2013 for noting, along with the minutes of the Governance and Risk Committee meeting held 30th October 2013. The CCG Constitution requires that the CCG Board approve the Risk Management Strategy and it is therefore presented to the Board for adoption and to agree a review date of November 2016. **The Board adopted the Risk Management Strategy and agreed a review date of November 2016.**
192/14	**GM Policies for approval** The Board was updated on the policies that have been through the agreed GM EUR Governance arrangements and were approved by the AGG on 4th November, namely: • **Common Benign Skin Lesions** – not commissioned for aesthetic reasons but may be funded for clinical reasons such as pain or dysfunction. This policy does not apply to primary care which is NHS England funded. • **Hyperhidrosis** – commissioned according to clinical need and as Bolton do not currently have a specific policy for hyperhidrosis there is no significant impact anticipated. • **Persistent Non-specific Low Back Pain** – a number of procedures are shown to be of little or no benefit and are therefore not commissioned. Bolton do not currently have a policy and there may therefore be a reduction in activity. • **Labiaplasty** – only considered for funding if there is objective evidence of significant anatomical distortions as a result of obstetric trauma, other trauma or vulval disease. These numbers are currently small. This is not funded for aesthetic purposes. The policies approved by the AGG are still required to be ratified by CCG governing bodies as the AGG is not a statutory organisation and therefore cannot decide policy. Once approved by the CCG the implementation process will be followed. Members discussed the governance of these policies, how they were reviewed and accessed by members of the public. There was a process in place whereby approved policies were uploaded onto the CCG's website and linked into the work regarding patient pathway development. It was also confirmed that patient engagement processes were included in the development of these policies. Members agreed that wider publication of these policies with the local population was key. It was also important that GPs were aware of the CCG's support when making decisions for their patients when certain procedures were not available. **The Board approved the policies for implementation.**
193/14	**Safeguarding Policies for approval** Two safeguarding policies were presented to the Board for ratification, namely the policy for Managing Allegations Made Against Staff in Respect of Children and Young People Policy and Safeguarding Children and Vulnerable Adults: A Strategic Framework for Training. These had been discussed by the CCG Executive previously. It was noted that the Safeguarding Team would disseminate these policies as required once approved.

	Assurances on the levels of training required were highlighted. This was normally undertaken through the annual appraisal process. However, the LMC had noted in recent minutes that this was not mandatory. Charlotte Mackinnon reported that clarification on this was currently being sought with NHS England. It was also noted that this policy related to staff employed by both commissioners and providers. Responsibility for delivery of the training will also be included in the policy. **The Board ratified the above policies. The Board noted the queries raised regarding clarification on levels of training required to be reviewed through the annual appraisal process and the methodology to be used regarding resourcing of training will be implemented separately to the approval of the policy.**
194/14	**Integration Update on Milestone Plans** The Board was informed on the current status of the Health and Social Care Integration programme. Highlighted was the development of the integrated neighbourhood teams now working in the community. The key risk noted was the lack of development with regard to the intermediate tier work. The delay in progress was due to the planned move of services from Winifred Kettle and the time taken to recruit staff in the home based care services. It had been agreed by the Joint Transformation Board that further testing on holding some of these beds to review pressures in the system prior to finalising the closure of this part of the service. The Board noted the issues regarding IT that need to be developed to ensure integration fully worked. **The Board noted the update.**
195/14	**Board Assurance Framework** The report provides the Board with an update on High level risks included in the Quarter 2 Board Assurance Framework (BAF) that may affect the achievement of the CCG's strategic and operations objectives. Risks assessed as High (15 or above) are routinely reported to the Board. The attached document provides details of risks assessed 15 or above (High) included in the Board Assurance Framework. Highlighted to the Board was the risk regarding specialist commissioning and the functions to be devolved back to CCGs. Greater Manchester CFOs were working with NHS England to agree the required management processes which will give more clarity regarding the scale of this risk. The Board noted however that these services were currently carrying an overspend. **The Board accepted the attached extract from the Board Assurance Framework 2014/15 and the assessment of high level risks for Quarter 2 (July to September).**
196/14	**Corporate Performance Dashboard** The report highlights the CCG's performance against all the key delivery priorities (quality, activity & finance) for the month of September 2014 (Month 6). It was noted that a Community Services Dashboard is in development. Section 2 of this report highlighted exception reports against all indicators where the CCG is not achieving its targets. Section 3 provides an update on achievement of the 2013/14 Quality Premium. The key points highlighted was the failure of the A&E target for the second month. This was also the case both regionally and nationally and discussions were being held with NHS England which would be reported back to the Board at the next meeting. NWAS ambulance handovers and category A targets had also failed for a further month. A progress report on the remedial action plan would be also be presented to the Board at the next meeting.

	It was noted that the CCG has achieved a rate of 17.40% for IAPT Access in September. The target is to achieve a rate of 15% (in Quarter 4). Bolton FT had failed to achieve 2 of the 3 stroke targets in September. 70% of patients were admitted to a designated stroke bed within 4 hours against a target of 80% with 79% of patients spent 90% of the stay in hospital on a stroke unit against a target of 80%. The FT has given assurance that this target will be met from October and the remedial action plan is being closely monitored through the Quality and Performance Group. The CCG has also received information from the CQC regarding the early analysis undertaken and proposed inspections of GP practices. The CCG has highlighted issues with the data received. The data is not a judgement on quality, more an initial analysis. Further information was expected following the inspections undertaken. Information on achievement of the Quality Premium for 2013/14 was also noted. The CCG would not achieve the full quality premium as it had not achieved the 62 day cancer wait target and reducing avoidable admissions measure which the CCG was perceived not be be achieving due to admissions to the Bolton Community Unit not previously being counted as hospital admissions but due to the closure of the unit, admissions were now counted as hospital admissions. The CCG has appealed this decision based on the data used by NHS England not containing the Bolton Community Unit activity and are awaiting their decision. A report was also tabled providing an update on community services, further to the detailed work undertaken on quality concerns previously raised by the CCG. Section 2 of the report details the concerns regarding staffing levels, lack of clear visibility and lack of data quality measures. There was not enough detail received to assure the Board that community services were at the appropriate level regarding quality. A correction was noted in section 2.2. The number of incident reports related to Bolton FT and not just community services. The report detailed key themes that the CCG now required the FT to provide the required level of assurance and the Board was asked to agree the list. Bolton FT would be invited to present assurances to the Board in mid December. Members discussed the level of sanctions that may be implemented if Bolton FT did not confirm that appropriate actions had been taken. **The Board noted the formal month end position for September 2014/Month 6 in respect of performance against key delivery priority targets and requested a detailed report on the action plan regarding ambulance handovers be provided at the next meeting.** **The Board also agreed to the list highlighted in section 4 of the community services review report that was to be sent to the Chief Executive of Bolton FT with the changes highlighted above and agreed to use the Board Development session on 12th December to discuss these issues further with Bolton FT.**
197/14	**<u>Report of the Chief Finance Officer</u>** The Board was updated on the expected financial performance and risks to delivery. It was reported that the CCG is showing delivery of its key financial duties but with significant risks specifically due to counting and coding and contract challenges with Bolton FT, which have escalated over the last few months. Bolton FT and the CCG are working through a process to resolve the contracting issues. This could result in an additional payment above the planned contract level to Bolton FT which would result in an under delivery against the control total and a breach of statutory duty.

	In this scenario, the CCG would have to implement a range of emergency measures to reduce activity and expenditure to deliver in line with its statutory financial duty. These measures are currently under development with the CCG clinical directors to ensure plans are in place, if required. It was also reported that the financial position to month 7 is a surplus of £2,060k, which is in line with the CCG's financial plan. There is an increased financial pressure on the continuing healthcare (CHC) budget due to issues around late invoicing from nursing homes and legacy issues regarding CHC restitution cases. The over spend on acute services did not include the full risk regarding the contract challenges with the FT. There were also issues regarding prescribing and the possibility that the CCG may be liable for additional charges regarding FP10 prescribing. This related to invoices now being received from the PPA not previously invoiced for. Work was progressing to understand this in more detail and ensure appropriate protocls were in place to control this expenditure further. Whilst there are some under spend in other areas, reserves are currently being utilised to ensure that the CCG delivers the required surplus. It was noted that expected performance on the revenue position had moved to amber and delivery of QIPP to red. The Board's attention was drawn to the contract issues with Bolton FT, in particular the changes that have occurred following the closure of the BCU and the impact of this on non-elective performance and caused significant change in case mix regarding critical care. A full review of the financial risks had also been undertaken. The contract challenges with Bolton FT had been listed as a separate risk item. It was reported that if any further risks develop, this would have a significant effect on the CCG's current forecast. Members discussed the increase in patient flows to the BMI Beaumont and questioned whether this suggests that patients were exercising choice. Also discussed were any possible issues regarding the timing of admissions for elective care. It was reported that the CCG had expected some shift with regard to BMI Beaumont now that the referral management and booking service (RMBS) was provided in house and ensuring that choice is fully available to patients and, due to this, an annual review of the flow of patients would be undertaken. With regard to elective care, the CCG was reviewing referrals and admissions. Given the financial challenges, the CCG needs to look at commissioning plans being implemented at a faster pace based on clinical evidence to avoid the situation elsewhere in the country where services are just stopped for the remainder of the year to try to keep them on track. The CCG has to do the right thing and prioritise services that are important. **The Board noted the update at month 7 and noted the increased level of risk identified and the processes put in place by the Executive. The Board would be kept up to date with regard to the contract challenges with Bolton FT.**
198/14	**<u>QIPP Programme Update</u>** The report provides an overview of the CCG's QIPP Programme and gives a year to date position on progress. It was noted that the year to date QIPP delivery at month 7 stands at £1,642k against a month 7 plan of £2,184k. 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. This will only go part way to achieving the £4.7m target.

	Also highlighted were the 2015/16 QIPP projections. Members discussed the use of more modest trajectories at the start of the year as implementation takes time. The CCG was assessing trajectories and planning this with managers going forward. It was appropriate to highlight the projections to the Board at this stage showing those schemes that will have an expected impact. The focus would also be on escalation of in year pressures. **The Board noted the report and noted the gap at month 7 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.**
199/14	**Healthier Together Committee in Common Minutes 15/10/14** **The minutes were noted.** **CCG Executive Update** **The update was noted.** **Minutes from the Quality & Safety Committee 8/10/14** **The minutes were noted.** **Minutes from the Health & Wellbeing Board 22/10/14** **The minutes were noted.**
200/14	**EPRR Core Standards Assurance** The Board noted the assurance with regard to Bolton's compliance with the core standards regarding emergency preparedness resilience and response which had been signed off by Barry Silvert as the responsible Clinical Director.
201/14	**Dates of Board Meetings for 2015** The dates for future Board meetings for 2015 were noted.
202/14	**Any Other Business** There was no further business discussed.
203/14	**Date of Next Meeting** Agreed as Friday 25th January 2015 at 12.30pm in the Main Meeting room, Friends Meeting House.
Part 2 Board Meeting (if required):	
204/14	**Exclusion of the Public** The public part of the meeting was closed and the public were requested to withdraw. The Chairman proposed that "members of the public be excluded from the remainder of this meeting under Section 1(2) Public Bodies (Admissions to Meetings) Act 1960". This being agreed.