

MINUTES

NHS Bolton Clinical Commissioning Group Board Meeting

Date: 22nd September 2017

Time: 12.30pm

Venue: The Friends Meeting House, Silverwell Street, Bolton

Present:

Wirin Bhatiani	Chair
Su Long	Chief Officer
Alan Stephenson	Lay Member
Tony Ward	Lay Member, Governance
Zieda Ali	Lay Member, Public Engagement
Jane Bradford	Clinical Director, Governance & Safety
Barry Silvert	Clinical Director, Commissioning
Stephen Liversedge	Clinical Director, Primary Care & Health Improvement
Shri-Kant	GP Board Member
Charles Hendy	GP Board Member
Tarek Bakht	GP Board Member
Romesh Gupta	Secondary Care Specialist Member

In attendance:

Melissa Laskey	Director of Service Transformation
Hannah Carrington	Engagement Officer, Bolton CC

Minutes by:

Joanne Taylor	Board Secretary
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Minute No.	Topic
136/17	<p><u>Apologies for absence</u></p> <p>Apologies for absence were received from:</p> <ul style="list-style-type: none"> Mary Moore, Chief Nurse. Jackie Murray, Acting Chief Finance Officer. David Herne, Director of Public Health.
137/17	<p><u>Introductions and Chair's Update</u></p> <p>Board members introduced themselves. There were 10 members of the public in attendance at the meeting.</p> <p>The Chair updated the Board on:-</p> <p><u>Business Intelligence Team of the Year</u></p> <p>The CCG's Business Intelligence team have been shortlisted for the Team of the Year award. The winner is to be announced at the North West Information Skills Development Network conference on 22nd September.</p> <p><u>Tarek Bakht</u></p> <p>Has been nominated for the 2017 David Millar Award. The award celebrates and recognises outstanding individuals who have made a tangible difference to cancer care either across boundaries or within primary care, using their clinical leadership skills to influence peers and break down barriers.</p>

	<p>The winner will be announced at the primary care conference on 28th September.</p> <p>On behalf of the Board, the Chair congratulated the Business Intelligence team and Tarek Bakht for being shortlisted for these awards.</p> <p><u>Bolton Care Record</u></p> <p>The Chair reported that the Bolton Care Record has now gone live, following the pilot recently undertaken with 9 GP practices as the early adopter practices. This is a confidential computer system providing health and social care information to relevant professionals to give information to them in real time. It was reported that explicit consent from the patient would be required before records are accessed. There are also plans that a further 10 GP practices will soon be going live. The Board noted the observations made by members of the public regarding personal information being accessed incorrectly and members of the public were assured that the correct governance processes, additional precautions and fail safe systems are in place.</p>
138/17	<p><u>Questions/Comments from the Public on any item on the agenda</u></p> <p>There were no questions/comments from members of the public on any item on the agenda.</p>
139/17	<p><u>Declarations of Interest in Items on the Agenda</u></p> <p>GP Board Members and Clinical Directors declared an interest in the item on the agenda on the Locality Plan update. As this was a report for noting, there were no further actions required regarding this declaration.</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>
140/17	<p><u>Minutes of the Meeting previously agreed by the Board and Action Log from 25th August 2017 meeting</u></p> <p>It was noted that some of the timelines for the outstanding actions have been revised and will be actioned over the coming months.</p> <p>Barry Silvert updated the Board on the outstanding action regarding the patient transport issues and reported that a review of complaints received by the CCG and Bolton FT has been undertaken which has shown no complaints have been received by either organisation in relation to the weekend service. The Board therefore agreed to close this action.</p> <p>The Minutes were agreed as an accurate record and the updates to the action log noted.</p>
141/17	<p><u>Patient Story</u></p> <p>This month's patient story focused on the analysis undertaken following the recent CCG Roadshow and the Board received a presentation on the main feedback received. It was reported that the CCG Roadshow had been supported by the Local Authority and Health Watch colleagues.</p> <p>The main focus of the Roadshow was to highlight the developments with the Locality Plan and members of the public were asked three questions focusing on lifestyle changes and the key drivers for behaviour change, influencing change and changes to how health services are provided. It was noted that 293 surveys were completed, 478 supporting literature handed out and 25 interviews undertaken.</p> <p>It was also noted that there have been 150 engagement events undertaken by the Communications and Engagement team over the last year.</p>

	<p>Members agreed the key is to ensure wider communication is continued to discuss these issues in more detail, to highlight any further issues.</p> <p>The Board noted the outcome of the feedback recent from the recent CCG Roadshow.</p>
148/17	<p><u>Healthier Together – Final Business Case</u></p> <p>The paper presented is a summary report to accompany the Greater Manchester business case for Healthier Together. The purpose of bringing the business case to the Board is to provide assurance that the model of care and sector implementation plans remain consistent with the previously approved Decision Making Business Case; and to highlight the GM level oversight of the business case prior to submission to the Treasury, DH and NHSI as part of the formal process to access national capital monies.</p> <p>This paper summarises the key issues contained in the business case and in particular highlights the continued strength of the clinical case for change and the clinical benefits that will be realised through implementation of the new models of care; the economic case which demonstrates the value for money of the agreed model of care; the current status of the funding agreements in each sector; the management action that is taking place to manage the remaining programme risks and issues; the actions required to complete the commercial case such that it meets the requirements of the national capital allocation process.</p> <p>It was noted that the Finance and QIPP Committee has also reviewed the financial aspects of the final business case. Members also noted the wide variations in mortality rates across Greater Manchester, which highlights the need for this clinical case for change.</p> <p>The Board discussed the processes around mitigating costs over the next few years, in particular across the North West sector. It was reported that transitional costs will factor in risks around recruiting and it is expected that costs will reduce as risks are worked through and removed. The business case is currently showing a worst case scenario and this is why this is being funded from GM Transformation Funds for 3 years whilst the risks and reduction in costs is worked through the system. Full visibility of this process will be highlighted to the Board as this work is progressed.</p> <p>The Board noted that the Healthier Together Business Case is consistent with previously agreed Joint Committee decisions in respect of Healthier Together, noted the management action being taken to manage the residual risks in the implementation of the model of care and noted the sponsorship and support of the Business Case by the Theme 3 Executive and the Finance Executive Group.</p>
149/17	<p><u>GM Policies for Approval – Assisted Conception</u></p> <p>The report updates the Board on the new GM Assisted Conception Policy which is proposed to replace the CCG's subfertility policy. This has been through the agreed Greater Manchester effective use of resources governance arrangements.</p> <p>The Executive has reviewed the options and agreed the following option be included in the Bolton local policy, that the CCG funds 1 complete cycle of IVF and may allow a second attempt at a full cycle for a cancelled or abandoned cycle, application for the second attempt will be through the IFR route. The current policy is of a high quality and includes the relevant detail for the clinical care of patients. However, by agreeing the above proposal, this will give patients further choices.</p> <p>The Board approved the decision taken by the Executive, as detailed above, for inclusion in the Bolton policy and noted that this will be varied into the CCG's contract with providers and disseminated throughout primary care thereafter.</p>

150/17	<p><u>Locality Plan Quarterly Report</u></p> <p>The report served as an update to the Board on progress to date on the Bolton Locality Plan and Transformation Fund and future developments planned in this area.</p> <p>The main highlights noted were:-</p> <ul style="list-style-type: none"> • Final draft of the Investment Agreement with the Greater Manchester Health and Social Care Partnership (GMHSCP) agreed by Health and Wellbeing Board Executive has been submitted to GMHSCP and is awaiting final sign off by Jon Rouse. • A system wide performance dashboard is in development which will include progress on the Locality Plan from health, social care and person-centred metrics to support monitoring of Locality Plan outcomes and benefits. • Quarter 2 milestones on track include the launch of Care Homes Excellence Programme, implementation of paediatric rapid access service, expansion of the memory assessment and treatment service, signing of the Immedicare contract to provide virtual GP support to car homes, establishment of Bolton Prevention Partnership Fund, supporting and developing the voluntary sector to deliver initiatives, modelling of the discharge to assess service and further discussions with partners regarding a future Local Care Organisation and integrated commissioning models. It was also noted that work was developing to support workforce redesign in integrated and community services with support from NESTA on a “100 day challenge” initiative. Recruitment is also underway for a number of key posts, including practice pharmacists, falls prevention workers and community asset navigators. <p>There are also a number of significant risks to delivery of the Locality Plan and system sustainability. These risks are escalated to System Sustainability and Transformation Board and Health and Wellbeing Board Executive. The key risks this quarter include:</p> <ul style="list-style-type: none"> • The remaining financial gap in year 4 (2019/20) following award of Transformation Fund monies only until 2018/19. • Sustainability of projects beyond 2018/19 funding, including a lack of robust exit plans. • Behind schedule implementation following the delay in release of Transformation Fund monies which may negatively impact on the projected benefits. • Concerns raised by a number of programmes with regards to programme management capacity to deliver transformational change alongside business as usual. • Continued challenging system performance, particularly in urgent and elective care. • GM Digital Fund of approximately £600,000 for Bolton is insufficient to deliver IM&T capacity required to deliver overall Locality Plan. <p>It was noted that all of these risks are discussed regularly at System Sustainability and Transformation Board to manage mitigation plans and reduce risk where possible.</p> <p>It was noted that the Finance and QIPP Committee has also discussed the delay in progress with regard to delivery of some programmes and the impact this may have on the CCG's three year financial planning. The Committee has requested an update to come to a future meeting to review this position further. Board members agreed there is a need to triangulate the delay in schemes with the finance and activity position. It was acknowledged that IT is an enabler to truly deliver the Locality Plan and work is developing across partners on their intentions relating to technology, to review the funding available and review how these risks can be mitigated.</p> <p>The Board noted progress to date and noted the future developments planned in this area.</p>
151/17	<p><u>CCG Corporate Performance Report</u></p> <p>It was reported that this is the first month the performance report is presented in a new format. There are further changes to be made before this is finalised.</p>

The main highlight from this month's performance report was to update the Board on the ambulance response programme. A presentation was received highlighting the outcome of the evaluation currently undertaken which has now supported the development of the new system. The new system now includes ending the out-dated 8 minute target, having a new set of clinical indicators to ensure the right resource is getting to the patient and new categories for 999 calls.

The presentation also highlighted the new performance standards by which NWAS will be measured against. It was noted that the new programme was going live on 7th August. It was also noted that the CCG will not receive data on this target for the first three months. The Urgent Care Board wished for this to be raised within organisations to highlight the delay in reporting on performance. Board Members raised concerns about the delay in receiving the new performance data, which could delay the CCG's ability to support NWAS if this is required.

Also highlighted from the performance report was the improving A&E performance figures for September. However, it was noted there has been poor performance on 4 hour waits and Bolton is in the category of an area causing concern nationally. Systems have been working together to ensure better patient flow through A&E and a meeting has been held to reflect on the work undertaken with a commitment to produce an action plan to be presented to the national team by the end of September. Daily improvements are now being seen but the FT will not achieve the required 90% by the end of September, which will have consequences on Bolton in terms of the level of escalation and financial penalties to Bolton FT. The attempt to consolidate improvements are now starting to be seen which will ensure that performance continues to improve for October. Members were also informed that there is a commitment that from 31st October any patients referred by GPs will not be transferred directly to the A&E department.

Continued performance on cancer standards by Bolton FT was also highlighted to the Board. The FT is also actively recruiting and therefore further improvements in performance will be seen over the coming months.

The Board noted the Corporate Performance Report and agreed that the action plan from the meetings recently held on the current A&E 4 hour wait performance be shared with the Board at the next meeting.

Joint Presentation on the current developments with the Discharge to Assess Service

Following discussions by the Board at the last meeting, the Board received a joint presentation from Lyndsey Darley, Bolton FT and Rachel Tanner, Bolton LA on the developments with the Discharge to Assess service.

The presentation outlined the definition of the service and the expectations from the Greater Manchester Health and Social Care Partnership. It was reported that the discharge to assess service is an integrated person-centred approach to the safe and timely transfer of medically ready patients from an acute hospital to a community setting for assessment of their health and/or social care needs. No decision about long-term care needs should be taken in an acute setting, all adult patients should have opportunity to access a discharge to assess pathway. Patients should be moved home or to identified community provision as soon as they are medically ready, given appropriate support until full assessment can take place and a longer term care package can be implemented. No patient should be discharged before medically ready and discharge to assess must add value to the patient pathway through improved outcomes or experience. It must not be used as a method of freeing up a bed and patients must not be transferred without considering best interests and informed consent must be received.

	<p>The work on the four pathways to date was also highlighted. Further detailed work on each pathway is now developing. The presentation also highlighted the governance arrangements in place through the Urgent Care Board and ICS Strategy and Planning Group.</p> <p>There are some short term plans to be achieved by November 2017 which includes joint working across Bolton FT and the Local Authority to make changes to the way care packages are delivered, which will start from when a patient is in hospital with quicker assessment to allow patients to return home with the correct package of care, supporting people in a rapid way to get them the correct care, in the right place across health and social care. The use of an electronic tool to map the discharge to assess processes and the impact on other services was also highlighted.</p> <p>The longer term plans are for a more detailed capacity and demand review, in particular with regard to the required workforce and what this needs to look like to support this service, to review if there is a need to decommission beds to be re-supplied in extra care housing and remodelling of the frailty unit, to focus on discharge to assess to identify patient's needs earlier.</p> <p>The presentation also highlighted the current success factors which included modelling of clear requirements for bed based capacity, availability and sourcing of this, clear outcomes framework, gap analysis, workforce modelling and restructuring to deliver the four pathways effectively, IT support and accountability frameworks to allow staff to work across organisations.</p> <p>Members requested an update on the pilot programmes currently in place. It was reported that these are currently working well to reduce the time of assessment in hospital. Members also raised issues regarding the current workforce issues which have an impact on bed usage. This was acknowledge and noted that the modelling work developing will help understand where capacity is required, the type of beds required and the longer term requirements to support and shape the market to recruit appropriate staff for the beds required.</p> <p>Members also sought assurance around capacity and resource to support people at home and questioned how the service would avoid readmissions to hospital. It was reported that work is ongoing to address these issues and the modelling work will show what workforce capacity is required. It was agreed that, in the short term, capacity is currently not there, but the plan is incremental and there are plans to move towards shifting the workforce to where it is needed. With regard to re-admissions to hospital, it was noted that additional resource required to support processes is now in place, which will reduce the number of readmissions.</p> <p>The Board noted the update received from Bolton LA and FT on the current developments with the Discharge to Assess service.</p>
152/17	<p><u>Report of the Chief Finance Officer including CCG Savings Performance Update Month 5</u></p> <p>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. In addition, the CCG has a historic surplus of £8.3m, but in line with NHS England guidance this cannot be spent in year.</p> <p>It was reported that the CCG is on track to deliver against all key financial duties but with increased risks around the revenue and efficiency requirements.</p>

	<p>The financial position at month 5 is in line with the CCG's financial plan to deliver the required surplus. This includes over performance on acute contracts of £1,133k which is currently under review and validation. Prescribing spend for June has increased and as a result the risks associated with this spend have also increased. Pressures continue to be reported in Mental Health out of area placements and CHC, with action plans being developed to mitigate these overspends.</p> <p>A separate paper is under development, which will be presented to the CCG 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. In the meantime the CCG QIPP report continues to be presented as a separate paper this month.</p> <p>It was noted that the Finance and QIPP Committee has reviewed the reports and reported on the presentation received from the Director of Finance at Bolton FT. The Committee has also requested further information to review patient flows. The Committee also acknowledged that acute contracts need further work across the system to understand if this is purely patient choice and to gain a better understanding of financial risks across the system and the impact this may have on the CCG. The Committee has also requested an update on the 3 year financial projection review, reflecting on the development of the Locality Plan, the impact of Healthier Together and the 1% cap etc.</p> <p>It was also noted that the CCG has appointed a new Chief Finance Officer, Ian Boyle, who is due to commence in post from 2nd October.</p> <p>The Board noted the financial position at Month 5, recognising the level of risk identified and note the process in place by the Executive and Finance & QIPP Committee to review scenarios on a monthly basis.</p>
153/17	<p><u>Annual Reports and Updated Terms of Reference from Committees</u></p> <p>The Board was presented with the annual report and updated terms of reference for 2016/17 for the Quality and Safety Committee.</p> <p>The Board approved the annual report and updated terms of reference for the Quality and Safety Committee.</p>
154/17	<p><u>Local Commissioning Partnership Board – 14/7/17</u> The Minutes were noted.</p> <p><u>CCG Executive Update – August/September 2017</u> The update was noted.</p> <p><u>CCG Quality & Safety Committee - 9/8/17</u> The Minutes were approved.</p> <p><u>CCG Conflicts of Interest Committee – 8/9/17</u> The Minutes were approved.</p>
155/17	<p><u>Any Other Business</u></p> <p>There was no further business discussed.</p>
156/17	<p><u>Date of Next Meeting</u></p> <p>It was agreed that the next meeting would be held on <u>Friday 27th October 2017 at 12.30pm</u> in the Bevan Room, 2nd Floor, St Peters House.</p>

157/17	<p><u>Exclusion of the Public</u></p> <p>“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>