Bolton Clinical Commissioning Group

MINUTES

NHS Bolton Clinical Commissioning Group Board Meeting

Date: **28th March 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**
Ann Benn	**Lay Member Public Engagement**
Stephen Liversedge	**Clinical Director, Primary Care & Health Improvement**
Colin Mercer	**Clinical Director, Clinical Governance & Safety**
Barry Silvert	**Clinical Director, Commissioning**
Charlotte Mackinnon	**GP Board Member**
Charles Hendy	**GP Board Member**
Shri Kant	**GP Board Member**
Tarek Bakht	**GP Board Member**
Annette Walker	**Chief Finance Officer**
Su Long	**Chief Officer**
Clare Todd	**Interim Nurse Member**
Darren Kilroy	**Secondary Care Specialist Member**

In attendance:

Lucy Ettridge	**Head of Communications & Engagement**

Minutes by:

Joanne Taylor	**Board Secretary**

Minute No.	Topic
38/14	**<u>Apologies for absence</u>** Apologies were received from:- • Wendy Meredith, Director of Public Health.
39/14	**<u>Introductions and Chair's Update</u>** Board members introduced themselves. There were 11 members of the public recorded on the attendance sheet. The Chair reminded members of the public that this was a Board meeting held in public and the CCG would always ensure there were opportunities outside the meeting to answer questions that were raised that were not on the agenda for that meeting.

	The Chair reported on the change of date to the April Board meeting. This was scheduled to take place on the 25th April, but would move to the 2nd May at 12.30pm in the Main Meeting Room at the Friends Meeting House. The reason for the change was to ensure the time to fully respond to the themes arising from the public consultation on mental health services and to enable a full discussion with as many board members as possible present for decision. The Chair highlighted to the Board the CCG's vision and objectives, as outlined in the Constitution. This included the CCG ensuring a high level of services were provided to patients, investing in the right services for patients, responsible use of resources, ensuring value for money.
40/14	**<u>Questions/Comments from the Public on any item on the agenda</u>** Karen Reissmann, trade union representative and practitioner from the psychological therapy services raised concerns regarding the possible re-tendering of the IAPT service following the transfer of this service from Bolton FT to GMW. Karen wished to raise the Board's attention to the possible risks involved if the service was to transfer to an external provider, the risks around reducing access and putting this service through yet another change and the research available showing that services that are tendered are destabilised in the process. Karen also asked for clarification on what parts of this service would not be commissioned. She also raised the issue of the growing gap between primary and secondary care in relation to this therapy service and the gap that would increase if the CCG chose to only commission steps 2 and 3. Karen requested confirmation on the decision making process to be followed by the CCG regarding this and where this would be recorded. In response to Karen's questions, the Chair reported that mental health is a key priority for the CCG and the queries being raised today were also being raised by member practices who were faced with dealing with these issues in primary care. He reported that, overall the CCG had invested significantly in mental health and would continue to do so. The Chief Officer also confirmed that, as the questions raised did not relate to any items on the agenda, a response to the questions on implementation of the process over the coming months would sent to Karen within 10 working days and appended to the minutes of this meeting. In response to the question of transparency, the Board had made a decision in part 2 of its November meeting due to the involvement of multiple providers in the provision of these services now and the commercially sensitive nature of information discussed. The Board had made the decision to make a non-recurrent investment in this service and had agreed to delegate to the Chief Officer and Chief Finance Officer to agree the contractual process once legal advice had been obtained. This decision had been publicly shared through the summary notes from the Part 2 November Board minutes at the Board's December meeting and on the CCG website. A further comment was raised by a member of the public regarding suicide prevention and the evidence available on the benefits of learning from suicide providers. Evidence internationally shows that public health and engagement around social response to suicide is effective. The comment was acknowledged and the Chief Officer agreed to raise this with members of the Health and Wellbeing Board meeting.
41/14	**<u>Declarations of Interest in Items on the Agenda</u>** There were no specific declarations of interest in any items on the agenda. The Board noted that ongoing declarations of interest stood for every Board meeting and were publicised on the CCG's website.

42/14	**Minutes of Meetings from Part 1 and Part 2 previously agreed by the Board and Action Log from 28th February 2014 meeting** The action log was discussed. The non-recurrent expenditure proposals detailed on page 1 had been discussed in detail by the Executive and would be brought back to the Board once all discussions had been finalised. The issues regarding the quality premium relating to diabetic retinopathy screening had been discussed with Rob Bellingham at the NHS England area team. It was clear from response received that diabetic retinopathy in Bolton is a major screening priority in terms of improvement across Greater Manchester in relation to impact on waiting times and practice delivery. A formal response had been requested and would be shared with the Board when received. The Board had delegated responsibility to the Executive to explore other options following the primary care response to Bolton winter pressures and the Boxing Day trial and therefore this item could now be recorded as completed as the Executive would develop any further actions relating to this. It was noted that the consultation on the GMW service change was to end on 30th March and would be discussed by the Board at the next meeting. **The Minutes were agreed as an accurate record and the update on the action log noted.**
43/14	**Commissioning Plan** A presentation was received on the development of the Commissioning Plan. The presentation included an update on the development of the 2 year operational plan, an update on Healthier Together, the Better Care fund expectations and the CCG's financial plan for 2014/15 to 2015/16. The Board was reminded of the CCG's strategic direction of travel, to focus the shift of resources from hospital services to the primary and community setting, ensuring services were closer to people and increase the opportunity for self care. The strategic links to these developments included the development of the CCG's primary care strategy, Bolton's Integration Plan, Bolton Self Care Strategy and Healthier Together. Underpinning the development of these strategies was the need to meet the financial plans. The key challenges to enable this transformation were also presented. This included involving and empowering citizens, consistent primary care, modern integrated care, accessible urgent and emergency care, highly productive elective care and specialist services in world class centres of excellence. The financial plan for 2014/15 to 2015/16 was also presented, with the main focus being on the plans for 2014/15. The associated risks were also highlighted. The CCG's allocation for 2014/15 was £353m, however once investments and other pressures were taken into account, the CCG faced a gap of £4.7m which would need to be dealt with through the effective use of QIPP and commissioning plans to deliver against this gap. The key drivers from this gap in investment was around financial risk and growth in demand across the sector. Also presented was the Better Care Fund expectations and the thinking developing on the use of funds. This focused on the requirements to protect health related social care and required pass-through of the care bill funding, establishment of 7 day services to support hospital discharge and prevention of admissions, integrated community services and proactive care of those not scored highest risk. Plans to progress this would now be developed and further detail would be brought back to the Board in due course.

	Members discussed the possible size in the reduction in bed base over the coming years. Information available on this from the Bolton FT 5 year strategy would be shared with members. It was acknowledged that staff and providers needed to have an understanding of the CCG vision, and communicating with different cohorts of people on this vision was essential. Also discussed was the important role estates would play in developing the CCG's commissioning vision around improvement in primary care services. The estates agenda had been difficult to progress, however an estates workstream was now developing with regard to the integration agenda to ensure a multi-agency partnership approach was used. The issue of specialist commissioning and the vision for smaller number of specialist providers, and the risks that very highly specialised services then develop more highly specialised procedures was discussed. The risk that NHS England may look to CCGs and reduce their allocations to pay for these highly specialised services was acknowledged. Keeping a track on progress on development of the commissioning plan would be achieved by the development of a performance metrix to measure both the commissioning intentions and financial aspects would be undertaken. Work was currently being progressed to gather information on commissioning, quality, performance and financial outcomes and would be shared with the Board in due course. **The Board noted the update and approved the 2014/15 to 2015/16 Financial Plan and supported the £4.7m QIPP programme required in 2014/15 and £4.4m estimated for 2015/16. The Board also noted the level of risk identified within the Financial Plan and the process put in place by the Executive to review scenarios. Key actions and next steps were noted, which would be presented to the Board at future meetings.**
44/14	**<u>Constitution Review</u>** The updated Constitution was presented to the Board. This had been updated following a review process undertaken and consultation with member practices, the LMC and Executive. The report detailed the consultation questions raised, responses and recommendations agreed. It was noted that the CCG did not need to annually review its constitution, and this would be revisited as and when required going forward. **The Board agreed to the recommendations outlined in section 4.2 and approved the updated constitution for member sign up and NHS England authorisation.**
45/14	**<u>Quality and Safety Report</u>** The Board received an update on quality and safety. The update highlighted the patient stories which focused on patient choice regarding domiciliary care provider and a patient in need of urgent dental care. Also highlighted was the performance in C Difficile for Bolton FT for the year, which showed a total of 37 cases being reported for the year, a reduction of 27 cases from 2012/13 and an indication that the implementation of the recommendations from last year's review is having a significantly positive impact. The Board acknowledged the hard work undertaken to achieve these targets. It was noted that work would need to continue to ensure numbers were kept at the required level. It was also reported that Bolton FT has a target of 48 cases for 2014/15, based on a new national formula.

	Also highlighted was the Quality and Safety event held on 26th March. This had focused on the processes and lessons learned across the health economy on quality and safety. The event had been very successful and information on significant events would continue to be collected to carry on the learning from this. It was noted that the CCG had been the first in the country to hold such an event. Members discussed the patient story regarding patient choice of domiciliary care provider and how systems would cope if patient choice was extended to other external providers. The use of personal budgets as a possible solution was discussed. Bolton Council had used personal budgets for some time and it was proposed that an update to the Board on the learning from the use of these budgets would be beneficial. The Board also discussed the C Difficile target set for Bolton FT for 2014/15 and frustration on behalf of local people that the target could be greater than the one set for this year. It was agreed that although the target is set nationally, there was a need to reflect on this to understand if a local CQUIN could be developed jointly with Bolton FT to maintain consistency with the lower target achieved for this year and whether any challenge could be made to the NHS England area team on the target set. Also discussed was the information received on serious untoward incidents and STEIS and whether any benchmarking was carried out by NHS England regarding patient contacts, types of surgery and risk based assessments. More meaningful data would be useful. It was noted that the Director of Nursing for NHS England area team had indicated that more detailed information was being sought and further contact would be made to obtain this information. **The Board noted the update and agreed to receive an update on the use of personal budgets at a future Board Development session. Further work would also be carried out regarding the targets set for C Difficile and benchmarking of the serious untoward incidents and STEIS information received with the NHS England area team Director of Nursing.**
46/14	**<u>Performance Report</u>** An update was received on performance as at the end of January 2014. The request to include data from the performance dashboard comparing Bolton's performance with that across Greater Manchester had been received but was currently not in the correct format to be able to share with the Board. Once finalised this would be circulated to the Board. All key targets regarding acute performance continued to be met. A&E had performed well and achieved target and ambulance targets continued to be met. Stroke and TIA targets had also been achieved this month, with stroke now up to 90% against a target of 80% and TIA at 60% against a target of 60%. The exceptions reported were regarding diagnostic 6 week waits showing 40 breaches in total, 32 of which related to Bolton FT, C Difficile and MRSA rates, the maximum two week wait for first outpatient appointment for patients referred urgently with suspected cancer by a GP, the 62 day target for cancer, with performance in January 81.3% against a target of 85%, GMW CPA 7 day follow up, with performance slightly down at 94.2% against a target of 95% and IAPT Recovery Rate showing performance at 46.98% against a target of 50%, with GMW performance at 38.9% in January and Think Positive at 56.6%. Further information on the reasons why targets had not been met and the request for remedial plans where required were being sought from the relevant providers.

	Members discussed the need to focus on specific areas, such as the cancer targets to understand further the delay in treatment in this area. The increase in numbers regarding the 2 week cancer rule was also discussed and how far along the process where these breaches. Where performance had improved in some areas and whether these improvements could transfer into those areas underperforming was also discussed. **The Board noted the update and agreed to receive the data comparing Bolton's performance across Greater Manchester once the review of the data had been completed. The Executive was also requested to look further at the overall 2 week cancer waits and the range involved to identify possible solutions. Alan Stephenson to be sent the information regarding this once available.**
47/14	**Report of the Chief Finance Officer** The financial position as at the end of February 2014 was presented. The position remains stable overall, however, there continues to be risks associated with the prescribing and acute services budgets. The Executive continues to monitor the range of financial scenarios, although this range has narrowed considerably with only 1 month of the financial year remaining. The CCG remains on target to deliver its control total for the year. The risks highlighted were regarding unplanned activity increases and the need to control activity and the forecasting position with regarding to prescribing budgets at the end of the financial year. It was also noted that running costs were showing a year to date underspend of £260k due to the delay in staff coming into post and a low uptake of the training budget but that running costs were expected to be recurrently fully spent. The risks highlighted in table 8 had also reduced. The focus now would be on the completion of the final accounts and the move into the new financial year. Members discussed the over performance of Trusts outside of Bolton and, given the CCG was not the lead commissioner, whether there was any option to challenge the figures presented. It was noted that, where possible, challenges were being identified and appropriate management actions taken with joint actions being agreed across CCGs when required. Members discussed the issues that had been faced by the CCG over the year and the need for these to inform the planning process for the coming year. **The Board noted the update and expected financial performance for 2013/14 and noted the level of risk identified and processes put in place by the Executive to review scenarios.**
48/14	**QIPP Programme Update** The position with regard to the achievement of the 2013/14 QIPP savings target was presented to the Board. The position had worsened over the last month and, based on the information as at month 11, the forecast outturn is for a QIPP saving of £6.9m, which was a reduction of £1.8m from the figure projected at month 10. Highlighted in section 4 of the report were the areas that were impacting on non-achievement of the target. These related to the management of contract performance, adjustments required to the demand in urgent care, elective care and the fluctuation of the forecasts from the Prescription Pricing Authority regarding the prescribing budget.

	Also highlighted was the section in the report regarding the planned schemes for 2014/15 and the anticipated financial impact. The QIPP target set is £4.7m and the CCG is confident that this can be achieved. Members discussed the key issue on not meeting this year's target and need to manage this more effectively going forward. There was a need to influence demand and activity and develop joint ownership across all providers, including regular communications to ensure all providers, member practices and the local population understand the QIPP process and were aware of where targets were not being met. A better understanding of the key factors driving the increase in hospital activity would also be beneficial to the CCG. **The Board noted the update.**
49/14	**<u>Confirmation of CCG/CSU Commissioning Intentions</u>** The Board was informed of the proposals for the continuation timescales for service level agreements with the Greater Manchester Commissioning Support Unit (CSU). This was further to previous discussions held with the Board and Executive. The report included a summary of each product and the intention to review services in October 2014 or extend agreements to 2016. Key areas to note were regarding the IM&T product. Despite there being strong issues regarding delivery of this service, all Greater Manchester CCGs had agreed to continue the service with the CSU and, while there are still issues with delivery, the risks to not continuing with a joined up approach to IM&T infrastructure and support are greater due to hardware and network links already established. The Board noted the key risks regarding the overall contract with the CSU, the impact of the decisions being made across Greater Manchester simultaneously and possible disruption to services due to organisational change within CSUs generally, all of which posed risks to CCGs. Members discussed that for those areas of concern, appropriate management controls and quality reviews should be built into the contract review process. It was acknowledged that these elements were included in the regular contract review meetings held to ensure specific contract requirements were being actioned. The regular meetings held with all CCGs across Greater Manchester would also include discussions on these important areas. Also raised was the need to improve IT accessibility for the local population, the possible option of joint contract management across all CCGs and the possible opt out across all CCGs if performance did not improve. Also discussed was the merger of some CSUs and assurances that were required regarding maintaining quality standards during the transition process. This had been raised with the CSU and would continue to be challenged. **The Board noted the update and risks highlighted and agreed to the contract intentions as listed in the report, subject to the conditions raised above regarding the expected level of improvements being included in the service level agreements.**
50/14	**<u>Update to Changes to Primary Care IT from April 2014</u>** The Board received an update on changes to responsibilities for primary care IT from April 2014. The associated risks were highlighted. The full detail regarding this was still required regarding the specific risks the CCG may be responsible for. Members discussed the need to ensure that appropriate finances followed the transfer of work from one organisation to another and that due diligence was carried out.

	The Commissioning Support Unit was currently providing this service for the CCG and part of the discussions would include agreement on the additional workload within existing structures. The Board agreed there was a need to ensure this service was effective in particular regarding the high risk to patients if clinical systems failed. **The Board noted the report.**
51/14	**Healthier Together Committee in Common Briefing Note – February:** The update was noted. **CCG Executive Update**: The update was noted. **GM Association of CCGs Summary from 4/3/14 meeting:** The summary was noted. **Minutes from** Quality & Safety Committee 12/2/14 The minutes were noted. Health & Wellbeing Board 12/2/14 The minutes were noted. **The Board requested that a summary sheet be produced highlighting the key points from the Minutes being presented.**
52/14	**Any Other Business** There was no further business discussed.
53/14	**Date of Next Meeting** Agreed as **Friday 2nd May 2014** at 12.30pm in the Main Meeting room, Friends Meeting House.
Part 2 Board Meeting (if required):	
54/14	**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.

Bolton Clinical Commissioning Group

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Karen Reissmann,
Unison Representative
GMW Mental Health NHS FT

Dear Karen,

I am writing to answer the questions you raised (attached) at the CCG's public board meeting on 28th March 2014 regarding IAPT services.

At the November meeting of the Board, it was agreed to commission appropriate volume of activity in each step of Improving Access to Psychological Therapies (IAPT) to meet the outcomes required. As Chief Officer, I was tasked by the Board to seek advice on whether a competitive procurement process was required and action the appropriate contractual steps. Bolton CCG has multiple providers of IAPT services and this decision was taken in part 2 of our November meeting due to the commercially sensitive nature of the information discussed. Our part 2 decisions are minuted and posted on our public website and provided to the part 1 Board meeting the following month.

While GMW, as provider of step 3 and step 4 IAPT, currently does provide alignment with other mental health services provided by GMW, we currently have other providers of step 1 and 2 services so the risks you outline of multiple providers exist now.

You state that GMW psychological therapy services waits are short. You will note from our monthly performance reports to our Board that the GMW provided services are not currently meeting IAPT 28 day access and recovery targets. This is not the reason for our re-specification and tender process, which is designed to deliver the required a redesign and shift in the volume of activity in each step of IAPT.

The CCG has a track record of not competitively procuring unless absolutely necessary. Our start point is always to consider redesign with the current provider to meet our changing population needs. However, where this is not possible due to the scale or complexity of the change, a competitive process is then undertaken. I think your point in question 4 relates to Transforming Community Services re-tendering. The CCG must meet legal requirements for competitive procurement for any new service or significant redesign.

Our next steps are to engage with patient groups in developing the required specification and set clear timescales. We will design the service specification in order to minimise the risk of gaps in pathway between different providers.

You raise important risks regarding the destabilising effects of changing NHS structures and the potential for gaps between where a primary care psychological service ends and CMHT starts. We will work to ensure that the service specification and tender process mitigate against these risks to the best of our ability and that the process prioritises high quality care and coordination of care.

We will also append your questions and this response to the March Board minutes to formally record these and ensure all Board members are aware of the detail of your question.

Yours sincerely

Su Long
Chief Officer
NHS Bolton Clinical Commissioning Group

Questions raised:

We are concerned residents and trade unionists in Bolton. We have heard that Bolton CCG may be considering tendering the step 2 and 3 psychological therapy services. We have concerns about the impact on patient care of this decision which we wanted to raise with you before you made the decision. A couple of us will be attending Bolton CCG meeting on Friday, and wanted to ask the following questions.

Where is the decision being made over whether to put out to tender Primary Care psychological therapies?"

1) Bolton's Primary Care Psychological Therapy Service transferred in February 2013 to GMW Mental Health NHS Trust after the Ryan Report highlighted risks to them being in different organisation, ie Bolton hospital NHS Trust, from other mental health services such as the Crisis Team, Community Mental Health teams, A+E liaison, who all use the same recording system, same management, and so provide easier resolution of pathway problems. Have you considered that if these psychological services were now tendered out and other-than-GMW won the contract then this risk would re-emerge?

2) The recently published Suicide in Primary care says "Key themes in interviews with GPs re suicides in primary care were: lack of access to mental health services, and problems of working within changing NHS service structures." Are you aware that currently access times for step 3 PCPTS funded by yourselves and provided by GMW are really short? Do you think tendering for this service means working "within changing NHS service structures" and that this could pose the risk to patient care identified in this report, particularly in relation to suicide risk?http://www.bbmh.manchester.ac.uk/cmhr/research/centreforsuicideprevention/nci/reports/SuicideinPrimaryCare2014.pdfWe believe the tender process for alcohol and drug services illustrate this as it had a hugely destabilising effect on their patients and the break up into 4 different providers has compounded this.

3) We are concerned about what is being commissioned and crucially what is not being commissioned. There is a growing gap between where Primary care psychological therapy services end and Community Mental health team starts. This gap will grow as eligibility critieria for CMHT is raised, and more CMHT patients are stepped down to GP or no longer accepted as part of HOME consultation. Are you aware that therapy currently provided by psychologists in Primary care would not be provided by an IAPT step 2/3 service?

4) We understand that CCGs are allowed to defer decisions about tendering services until 2016, unless they are in a contract which expires before that. Are you aware of this? I look forward to seeing you tomorrow.