MINTUES

NHS Bolton Clinical Commissioning Group Board Meeting

Date: 29th June 2018
Time: 9.30am
Venue: The Bevan Room, 2nd Floor, St Peters House, Silverwell Street, Bolton

Present:

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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<tbody>
<tr>
<td>Wirin Bhatiani</td>
<td>Chair</td>
</tr>
<tr>
<td>Su Long</td>
<td>Chief Officer</td>
</tr>
<tr>
<td>Alan Stephenson</td>
<td>Lay Member</td>
</tr>
<tr>
<td>Tony Ward</td>
<td>Lay Member, Governance</td>
</tr>
<tr>
<td>Zieda Ali</td>
<td>Lay Member, Public Engagement</td>
</tr>
<tr>
<td>Ian Boyle</td>
<td>Chief Finance Officer</td>
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<tr>
<td>Jane Bradford</td>
<td>Clinical Director, Governance &amp; Safety</td>
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<tr>
<td>Barry Silvert</td>
<td>Clinical Director, Commissioning</td>
</tr>
<tr>
<td>Stephen Liversedge</td>
<td>Clinical Director, Primary Care &amp; Health Improvement</td>
</tr>
<tr>
<td>Charles Hendy</td>
<td>GP Board Member</td>
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<tr>
<td>Helen Wall</td>
<td>GP Board Member</td>
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<tr>
<td>Tarek Bakht</td>
<td>GP Board Member</td>
</tr>
<tr>
<td>Dharmesh Mistry</td>
<td>GP Board Member</td>
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<tr>
<td>David Herne</td>
<td>Director of Public Health, Bolton Council</td>
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In attendance:

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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<tr>
<td>Melissa Laskey</td>
<td>Director of Service Transformation/Deputy Chief Officer</td>
</tr>
<tr>
<td>Tony Oakman</td>
<td>Chief Executive, Bolton Council</td>
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<tr>
<td>Jackie Bene</td>
<td>Chief Executive, Bolton FT</td>
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Minutes by:

| Joanne Taylor | Board Secretary |

<table>
<thead>
<tr>
<th>Minute No.</th>
<th>Topic</th>
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<tr>
<td>81/18</td>
<td>Apologies for absence</td>
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<tr>
<td></td>
<td>Apologies for absence were received from:-</td>
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<td></td>
<td>Romesh Gupta, Secondary Care Specialist.</td>
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| 82/18 | Introductions and Chair's Update           |
|       | Board members introduced themselves. There were 8 members of the public in attendance at the meeting. |
|       | The Chair updated the Board on:-          |
|       | Workforce Race Equality Conference – Zieda Ali, Lay Member for public engagement, had attended the above conference on 5th June as the CCG representative where the CCG has signed up to a commitment to tackle race equality collectively across Greater Manchester. |
|       | Primary Care Commissioning Committee – update to Membership – Alan Stephenson, Chair of the Primary Care Commissioning Committee, confirmed that the Council has recently nominated two elected councillors to be voting members of this Committee. |
Councillor Anne Cunliffe and Councillor Debbie Newall have been appointed to these posts.

**Board Nurse role** - Interviews have now taken place for the vacant role. Kerry Lloyd, who currently works at Liverpool CCG, has been offered the post and accepted.

**MacMillan Cancer Information Centre** - Bolton is 1 of 8 shortlisted nominees for the MacMillan Professional Excellence Award, in particular due to the recognition of our partnership working and showing real commitment to the project/service by our MacMillan GP and senior commissioning lead. The Chair commented that Bolton people are benefitting from the excellent service being provided by the Cancer Information and Support Service. This is a great example of integration and partnership in action delivered by a cross organisational team from MacMillan, Bolton Hospice and Bolton CCG. This is a model that I hold as an exemplar for all our integration initiatives.

83/18  **Questions/Comments from the Public on any item on the agenda**
Mrs Howarth read from quotations from NHS England and the Greater Manchester Health and Social Care Partnership Board (GMH&SCP) regarding managing risk and reducing emergency admissions. Mrs Howarth also raised a question of the CCG Board on how the CCG will commission to manage risk and reduce emergency admissions to hospital, particularly for older people, to achieve targets mentioned in the quotations, in particular how the CCG will achieve the GMH&SCP Chief Officer’s more ambitious aims to exceed the targets.

The Chair thanked Mrs Howarth for her questions and agreed to discuss these further under the items on the agenda on Integrating Health and Care for Bolton and the CCG Objectives and Board Assurance Framework.

84/18  **Declarations of Interest in Items on the Agenda**
GP Board members declared an interest in the item on the agenda on the Bolton Quality Contract, Options for Year 4 Payments 2018/19.

The Board noted that on-going declarations of interest stood for every Board meeting and were publicised on the CCG’s website.

85/18  **Minutes of the Part 1 and Part 2 Meetings previously agreed by the Board and Action Log from 25th May 2018 meeting**
It was noted that most of the outstanding actions were either complete or not yet due.

The Minutes were agreed as an accurate record and the updates to the action log noted.

86/18  **Patient Story**
This month’s patient story details positive feedback from patient experience at Honeysuckle Lodge. Members discussed the services provided through this facility, which enables patients to receive care within the locality they reside in, acknowledging that patients residing close to their families is key to seeing improvements in their health care.

The Board noted the patient story.

87/18  **Integrating Health and Care for Bolton**
The report sets out the strategic approach and required steps to progress the establishment of Bolton’s Strategic Commissioning Function and an Integrated Care Partnership for Health and Social Care. The Chair reported that the report is being presented at Bolton FT’s Board and the Council Cabinet.
This is the final version of the report following ongoing discussions with Board members, the GP membership and local partners on the way forward on integration for Bolton.

The report outlines the ambition and timescales for integration bringing health and care services together for the benefit of local people. There are two pieces of work, the development of the Bolton Strategic Commissioning Function, to make decisions on the best use of Bolton resources together and the Integrated Care Partnership, to ensure care is being delivered for the benefit of the patient, avoiding organisational boundaries and rules. This is a step towards putting Bolton first and considering Bolton people’s health and care needs.

Jackie Bene and Tony Oakman also commented on the report acknowledging how this will help care to be delivered in a joint approach, to minimise fragmentation, duplication and gaps in current service provision. There was an acknowledgement that organisational differences need to be developed to bring together a whole system approach in partnership with commissioners. The development of a partnership board with all partners is an opportunity to bring together to deliver at speed some of the key deliverables around high health use, areas of deprivation and wider determinants of health to minimise the gap. Tony Oakman highlighted the report is being presented to the Council Cabinet on 2nd July. The Council is committed to this and committed to ensuring better outcomes for the public and patients, acknowledging more can be done as a system to model care around the needs of the public and patient and this is the right way forward and opportunity to do things differently as people’s lives do not fit into organisational silos. This is an opportunity to redesign services to deliver to the right people at the right time.

Members also raised the need for the intent in the system on how to tackle the underlying issues that are driving our health and care needs and to shape this when taking forward the integration agenda. Members were also informed that quality and equality impact assessments would be reviewed when undertaking any service changes.

The Board was also updated on the feedback received from the GP membership, who agree to the integration agenda, however feel there is a need for real impetus in strengthening the community offer regarding neighbourhood working. There is great work developing in the neighbourhoods, therefore the community and care offer needs to be strong.

Members acknowledged the need for real cultural change to enable this approach to be developed throughout all partner organisations.

At this point, the Chair asked Mrs Howarth to read out her question, as the question raised relates to the integration agenda (please see Minute 83/18 for the full question).

The Board agreed to:-
- The strategic approach and framework described in this report and sign up to a Memorandum of Understanding on this basis as a demonstration of their commitment.
- The milestones as set out in sections 4.8 and 4.9 for the Strategic Commissioning Function and section 6.7 for the Integrated Care Partnership.
- Receive further detailed updates on specific pieces of work which will underpin the implementation of the two core components to deliver an Integrated Health and Care system.

88/18 Greater Manchester (GM) Policies for Consideration – Lower Back Pain Policy
The paper updates the Board on the new GM Policy which has been through the agreed GM Effective Use of Resources (EUR) governance arrangements and approved by the AGG in May.
This policy has already been through a rigorous governance process at GM level and via the CCG Executive. If approved by the Board, this policy will be published on the CCG website, varied into Provider contracts and shared throughout primary care. The Board noted that there are no cost or activity implications and this GM policy aligns to NICE guidance.

The Board approved the policy which will be varied into CCG contracts with providers and disseminated throughout primary care thereafter.

89/18  
**Approach to CCG Objectives and Board Assurance Framework 2018/19**

Further to previous discussions by the Board, the final version of the CCG Objectives and Board Assurance Framework for 2018/19 was presented. The main highlights noted were:-

- The consistency around the headline aims in achieving the triple aim objectives.
- The aims of the overall objective in delivery of year 3 of the Locality Plan, a partnership piece of work, highlighting the key areas that the CCG will focus on in year 3 regarding joint commissioning, developing the community offer and work to ensure provision of community based care people need
- The statutory requirements on the NHS constitution and commissioning appropriate capacity on hospital admissions, performance around urgent care and Improving Access to Psychological Therapies (IAPT), plus delivery of financial balance, ensuring providers can provide the capacity commissioned, improvements in mental health and joint partnership working.

It was noted that the community offer has been a regular item for discussion with the Board and members discussed the specific question raised by Mrs Howarth. It was noted that the aim is not to set to reduce emergency admissions in the coming year, but to set to only increase a small amount by the work developing jointly. This means there will therefore be some increase seen to meet demand.

It was noted that the board assurance framework links and highlights the CCG’s key risks, with some risks rated red due to current performance with urgent care being an area that requires improvement, resilience and capacity and failure to organise services to meet planned demand. Therefore, even if more activity is commissioned, there is a need to receive assurance that capacity and activity can be put in place.

Stephen Liversedge highlighted the issues when frail elderly people are admitted to hospital. It was acknowledged that admissions are necessary when services cannot be provided elsewhere, but the significant issues in unavoidable admissions of the frail elderly patients into hospital were highlighted. Members were informed that a new Medical Director is joining Bolton FT and will help support the joint work developing across Bolton on getting the right messages across to the public on the areas highlighted. Members also agreed the main challenge and risk is to ensure community services are enhanced to ensure people can be cared for in their homes and communities.

The Board approved the CCG’s objectives and Board Assurance Framework for 2018/19.

90/18  
**Bolton Quality Contract – Options for Year 4 Payment (2018/19)**

The paper offers a number of options for consideration in relation to the level that the price per patient should be set at during the Bolton Quality Contract’s fourth year in light of the recently announced uplift to the Global Sum Rate (the national price per patient for ‘core primary medical services) for 2018/19.

The Chair and the Primary Care Commissioning (PCCC) Chair considered the conflicts of interest declared by the GP Board members and agreed that members can remain in the
meeting for this item as conflicts of interest were managed through the PCCC when the item was reviewed and agreed.

The Board was reminded that the PCCC has the responsibility to set contractual terms but the Board is responsible for approving any financial impact of the Committee’s decisions. It was noted this is a national uplift and therefore the Committee agreed the CCG is obliged to pass this uplift on to primary care.

The Board ratified the decision taken by the Primary Care Commissioning Committee to approve option 2 in the paper with standard 9, Frailty, (previously known as Standard 20) continuing to be paid separately as an additional £3 per weighted patient for the 2018/19 Bolton Quality Contract. This is subject to national confirmation that this has moved from a proposal to an actual payment.

91/18  
Risk Management Strategy
The Risk Management Strategy has been updated to include the 2018 CCG structure including co-commissioning and to include reference to the Bolton Locality Plan but remains a generic risk strategy for the organisation.

The key change within the Risk Management Strategy is for operational/individual team risks that score 9 (3 likelihood possible x 3 significant impact) when assessed against the corporate risk matrix to be included in the Corporate Risk Register maintained by the Governance and Safety team. Previously, the risk score was 8. Members were informed that the updated Risk Management Strategy was discussed at the CCG Executive on 13th June 2018 and approved for submission to the Board.

The Board approved the updated Risk Management Strategy.

92/18  
Report of the Chief Finance Officer including Joint Savings Performance Update Month 2
The budgets have been aligned to the financial plan approved by the Board with amendments made for the recurrent impact of 2017/18 outturn, approved investments and QIPP. Further budget changes will occur during the year as a result of allocation changes, application of appropriate uplifts and further removal of QIPP.

For 2018/19, CCGs are required to spend in line with their allocation and therefore there is no in-year control total. Having delivered a surplus in 2017/18 of £2.535m, the CCG now has a historic financial surplus of £10.8m, but in line with NHS England guidance this cannot be spent in year.

The month 2 financial position is breakeven in line with the financial plan. Initial contract information received relating to month 1 indicates an over performance of £200k, and full validation is taking place to ensure plans are aligned and actual charges are correct. There is the usual delay in prescribing data, and the position is therefore reported in line with plan. The Funded Care financial position is reported at £293k over spent. Data is being analysed to assess whether this is a true reflection of the recurrent position. Mental Health is £197k over spent as bed blockages in PICU are delaying transfers back in to the locality. The delay in opening the personality disorder beds has also contributed to this over spend.

A separate paper is presented to the CCG Board, which details the Joint Savings Programme for the Bolton health economy. The report combines the CCG QIPP target of £7.1m and the Bolton FT ICIP target of £15.5m, and provides details of year to date delivery.

The Chief Finance Officer also reported that the Finance and QIPP Committee is due to receive presentations from both the Council and Bolton FT Finance Directors on their financial plans.
Ian Boyle also updated the Board that the CCG has commissioned Assista to undertake a data audit in strengthening commissioning data. The CCG is yet to receive the final report, but the objectives of the work are about protecting the Bolton pound for the CCG and for Bolton FT.

Ian presented to the Board some practical examples of this work which would show how the CCG may have been charged for activity by a hospital out of area on a Payment by Results contract that is actually a Specialised Commissioning patient. Another is that we only want to spend the Bolton pound on Bolton patients, and sometimes we receive data sets with incorrect GP identifiers which on investigation prove to be non-Bolton residents.

Similarly, we may find data in the Bolton FT data set that has been charged to the CCG as part of the Aligned Incentives Contract, but could have been charged to a different CCG, or indeed Specialised Commissioning again, thereby earning Bolton FT extra income.

The other benefit of maintaining accurate commissions data sets are non financial and allow us to track our implementation of the Bolton Locality plan, ensuring our transformation schemes are delivering the changes in patient flows for example. The final report will be presented to the Finance & QIPP Committee.

Members also raised concerns on Bolton FT’s cost improvement figures and agency/locum spend. Ian Boyle agreed to discuss this further with the FT’s Finance Director at the Finance and QIPP Committee.

The Board noted the financial position as at month 2, recognising the level of risk identified and noted the process in place by the Executive Team and Finance & QIPP Committee to review scenarios on a monthly basis.

**CCG Corporate Performance Report**

The main points highlighted from this month’s performance report were:

- A&E performance is showing April performance at 82.7%, May at 83.3% and June so far at 85.6%. There have been some good days where the FT has achieved over 90% but some challenging days where attendance has been high. Members noted performance is improving and the delayed transfer of care target which is performing better than the required standard. Improvements are also being seen with the discharge process.

- Diagnostics are also seeing improvement at 1.1% with Bolton achieving the provider level.

- Symptomatic breast referral with a 2 week target is showing a decrease in performance at just over 35%, which has reduced significantly. Some staffing issues are causing issues and it is anticipated that improvements will start to be seen from September once the new Consultant is in post. It was noted that the CCG Executive has discussed performance with this target and received assurance that this is not having a detrimental effect on patients, with cancer diagnosis being very low. It was noted that the 62 day wait performance is not deteriorating due to the slightly long wait in symptomatic breast referrals. Bolton FT has made plans to reduce waiting times, and the Board agreed to monitor performance and review that waiting times are reducing according to the FT’s plans. Members were also assured that the FT is prioritising any clinically urgent patients.

- Wrong site procedure/never events and recurring themes was raised by members. It was noted that this related to a particular issue which was not an operating procedure but acknowledged never events and wrong site procedures should not be happening.
• NWAS targets were also highlighted, in particular the improvement that is being seen in some areas.
• Mental Health performance in particular the KOOTH service was also highlighted. This service is showing some positive achievements. CAMHS waiting times are also showing significant improvements and continuing to improve week on week. Bolton will have the lowest waiting times on CAMHS across Greater Manchester. Work with the IAPT service to improve waiting times was also noted.

Presentation on Elective Care Performance
The Board received a presentation on the performance on elective care. Members were reminded that under the NHS Constitution, patients have a right to be treated within 18 weeks of being referred by their GP for consultant-led treatment. This is monitored through the incomplete pathway measure which tells us how many of the total patients waiting for treatment have been waiting less than 18 weeks, with a target of 92% to be waiting less than 18 weeks. The 92% incomplete pathway measure has been failed in Bolton since September 2017, with performance in April 2018 of 89.7%. However, the NHS England and NHS Improvement planning guidance for 2018/19 did not stipulate adherence to the 92% incomplete standard, instead stating that the Referral to Treatment (RTT) waiting list should be no higher in March 2019 than it was in March 2018.

The recovery plan was presented. This highlighted:-
- To ensure the provision of timely, clinically appropriate care, NHS Bolton CCG and Bolton NHS Foundation Trust have agreed their joint commitment to delivering the 92% standard for patients awaiting elective treatment
- Non-recurrent funding has been agreed in the 2018/19 contract specifically for the treatment of patients waiting over 18 weeks, with the key aims of:
  - Reducing clinical risk
  - Preventing patients from breaching 52 weeks
  - Reducing overall waiting times for patients
- Bolton NHS FT are in the process of developing their detailed plans to deliver the RTT standard, focusing on 3 key areas:
  - Backlog clearance
  - Waiting list validation
  - Specialty level sustainability plans

To help with the current backlog additional capacity is being put in place at Bolton FT from June to treat long-waiting patients with the majority of activity taking place in Orthopaedics, Ophthalmology and General Surgery. This is to be monitored via agreed activity and performance trajectories by the commissioning, contract and finance teams. Long term plans are being developed to sustain reduced waiting times for key specialities which have experienced significant pressures in demand and/or capacity. These plans are subject to update and discussion at the Planned Care Strategy and Planning Group, which has identified a need for a wider Elective Transformation Programme to support sustained achievement of elective standards and the plans will be delivered through a collaborative commissioner /provider approach.

The Board noted the performance report and presentation on elective care performance and agreed to 2 key questions the Board need to pursue on breast symptomatic referrals and overall 62 day cancer wait targets.

94/18 Minutes and reports from:-
CCG Executive Update – May/June 2018
The Board’s attention was drawn to items 2 and 5 and the decisions made by the Executive
which will lead to increasing choice to Bolton patients, with one service being offered locally. The CCG will monitor the criteria being used for these services is appropriate. Item 3 also highlighted the agreement by the Executive for continued funding for this pathway, which is already seeing a reduction in waiting times. Members also discussed the outcome of the A&E audit and the screening model being developed to help direct people to the most appropriate point of care. The system wide actions agreed by the Urgent Emergency Care Board was also highlighted to the Board.

The update was noted and the Board agreed that a report be presented to the Board at the next meeting on the actions being taken through the Urgent Emergency Care Board.

**CCG Audit Committee – 23/5/18**
The Minutes were approved.

**CCG Finance and QIPP Committee – 25/5/18**
Members noted the review and discussions undertaken by this Committee on the primary care finances.

The Minutes were approved.

**CCG Conflicts of Interest Committee - 8/6/18**
The Minutes were approved.

**CCG Quality and Safety Committee – 9/5/18**
The presentation received on patient safety and sharing of incidents at BMI Beaumont and discussions held on mortality at a nursing home were highlighted. The CCG has been able to undertake an internal deep dive on patients admitted to this nursing home and receive assurance from the data reviewed that there were no issues. This was acknowledged as an excellent way of reviewing quality of services.

The Minutes were approved.

**Health and Wellbeing Board – 26/4/18**
The Chair reported on the peer review meeting held recently highlighting how the Health and Wellbeing Board operates and the outcome of the governance review on the future operation of this Board. It was noted that the Council Cabinet is due to sign off the new membership, terms of reference and way of working for this Board.

The Minutes were noted.

### 95/18 Any Other Business
There was no further business discussed.

### 96/18 Date of Next Meeting
It was agreed that the next meeting would be held on **Friday 27th July 2018 at 9.30am** in the Bevan Room, 2nd Floor, St Peters House.

### 97/18 Exclusion of the Public
The Chair confirmed there were no confidential matters to be discussed and, therefore, the Board meeting was closed.
KEY ACTION LOG:
Updated from 29th June 2018 meeting:
This action log aims to cover all matters arising from previous meetings.
Members will raise any further queries with the Chair in advance of the next meeting.

OUTSTANDING ACTIONS:

<table>
<thead>
<tr>
<th>Date/No./Initials [NOTE 1]</th>
<th>Action Details:</th>
<th>Current Status: [SEE NOTE 2]</th>
<th>Due date: Original AND any agreed Revisions</th>
<th>Comments/Progress/Explanations:</th>
</tr>
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<tbody>
<tr>
<td>23/3/18 41/18 JB</td>
<td>Patient Story:</td>
<td>Progressing</td>
<td>From April 18</td>
<td>Currently sourcing and will present to a future board meeting.</td>
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<td>The Board requested a patient story at a future meeting highlighting where integration is not working as positively.</td>
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<tr>
<td>27/4/18 57/18 NO/JB</td>
<td>Patient Story:</td>
<td>Progressing</td>
<td>May/June 18 Revised date: July/Aug 18</td>
<td>Currently sourcing and will present to a future board meeting.</td>
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<td>To publicise the role of ambulatory care unit and how the unit works.</td>
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<tr>
<td>29/6/18 93/18 BS/ML</td>
<td>CCG Performance Report</td>
<td>Progressing</td>
<td>From July 18</td>
<td>Board to review regularly through the monthly performance reports.</td>
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<td></td>
<td>The Board agreed to pursue reviews on breast symptomatic referrals and overall 62 day cancer wait targets.</td>
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**COMPLETED ACTIONS:**

<table>
<thead>
<tr>
<th>Date</th>
<th>Action Description</th>
<th>Status</th>
<th>Date</th>
<th>Notes</th>
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| 23/3/18 46/18 | CCG Corporate Performance Report: C Difficile  
The Board agreed further feedback on the indepth reviews undertaken on the 10 patients accounting for 26 samples in a future performance report. | Progressing information internally to present at sub-committees prior to presenting to the Board. | June 18 Revised date: July 18 | Completed – included in the performance report presented to the July board meeting. |
| 29/6/18 94/18 | CCG Executive Update – A&E Audit  
The Board agreed that a report be presented to the Board at the next meeting on the actions being taken through the Urgent Emergency Care Board. | Progressing | July 18 | Completed – on the July board agenda. |

**Actions completed since April 2015 = 148**  
**Number of actions remaining at 27th July 2018 = 4**

**NOTE 1:**

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<tr>
<td>JB</td>
<td>Jane Bradford</td>
<td>MR</td>
<td>Mike Robinson</td>
</tr>
<tr>
<td>SL</td>
<td>Su Long</td>
<td>BS</td>
<td>Barry Silver</td>
</tr>
<tr>
<td>NO</td>
<td>Nicola Onley</td>
<td>ML</td>
<td>Melissa Laskey</td>
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**NOTE 2:** Current Status, (incl. relevant dates): Completed, Overdue, On target, Delayed