

## MINUTES

### NHS Bolton Clinical Commissioning Group Board Meeting – Virtual Meeting

Date: 13<sup>th</sup> November 2020

Time: 9.30am to 11.50am

Present:

Wirin Bhatiani	CCG Chair
Su Long	Chief Officer
Melissa Maguinness	Director of Strategic Commissioning/Deputy CO
Kelly Knowles	Acting Chief Finance Officer
Alan Stephenson	Lay Member
Tony Ward	Lay Member, Governance
Zieda Ali	Lay Member, Public Engagement
Jane Bradford	Clinical Director, Governance & Safety
Helen Wall	Clinical Director, Commissioning
Dharmesh Mistry	GP Board Member
Niruban Ratnarajah	GP Board Member
Tarek Bakht	GP Board Member
Helen Lilley	Board Nurse
Romesh Gupta	Secondary Care Specialist
Helen Lowey	Director of Public Health, Bolton Council

In attendance:

Chris Gee	Bolton News representative
Karen Doherty	Digital, Media & Communications Officer, Bolton CCG
Esther Steel	Bolton FT Director of Corporate Governance/Trust Secretary
Mike Robinson	CCG Associate Director, Governance & Safety
Reuben Colton	Bolton Council
Gill Green	GMMH Director of Nursing & Governance
Alice Seabourne	GMMH Medical Director
Rushana Hussain	Clinical Scientist, Bolton FT
Rachael Sutton	CCG Senior Commissioning Manager, Mental Health & Learning Disabilities

Minutes by:

Joanne Taylor	Board Secretary
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Minute No.	Topic
141/20	<p><b><u>Apologies for Absence</u></b>            Apologies for absence were received from:</p> <ul style="list-style-type: none"> <li>Stephen Liversedge, Clinical Director, Primary Care &amp; Health Improvement.</li> </ul>
142/20	<p><b><u>Introductions</u></b>            Board members introduced themselves. There were 7 members of the public in attendance.</p>

143/20	<p><b><u>Chair's Update</u></b>  The Chair updated the Board on the impact of the second wave of the Covid pandemic, in particular on health and care services, our local population and our local workforce. The importance of looking after each other and abiding by the rules to get the pandemic under control was also highlighted.</p>
144/20	<p><b><u>Questions/Comments from the Public on items on the Agenda</u></b>  There were no questions/comments from the public on items on the agenda.</p>
145/20	<p><b><u>Declarations of Interest in Items on the Agenda</u></b>  There were no declarations of interest in the items on the agenda. The Board noted that on-going declarations of interest stood for every Board meeting and were publicised on the CCG's website.</p> <p>The Chair reminded members of their obligation to declare any interest they may have on any issues arising at meetings which might conflict with the business of the CCG Board.</p> <p>It was noted that declarations declared by members of the Board are listed in the CCG's Register of Interest. The Register is available either via the CCG Board Secretary or the CCG's website at the following link:  <a href="http://www.boltonccg.nhs.uk/about-us/declarations-of-interest">http://www.boltonccg.nhs.uk/about-us/declarations-of-interest</a></p>
146/20	<p><b><u>Minutes of the Meeting previously agreed by the Board and Action Log from 9<sup>th</sup> October 2020</u></b>  <b>The minutes were agreed as an accurate record and the updates to the action log noted.</b></p>
147/20	<p><b><u>Patient Focus</u></b>  This month's report focused on the success of the Bolton Alternate To Transfer Pathway and how this is transforming the way patients receive care. It was reported that the scheme is having an effect on increasing deflection rates and this improves patient care as it enables patients to receive care in their own homes.</p> <p>Members commented on the improvements this programme has made across a number of teams, how this empowers patients to manage their care and a good example of partnership working.</p> <p>The video link relating to this story was shared with the board:  <a href="https://youtu.be/nixbDhOWftk">https://youtu.be/nixbDhOWftk</a></p> <p><b>The Board noted the Patient Focus.</b></p>
148/20	<p><b><u>GM Policies for Approval</u></b>  The paper updates the Board on two new GM Policies which have been through the agreed GM Effective Use of Resources governance arrangements and approved by GM Directors of Commissioning:</p> <ul style="list-style-type: none"> <li>• Cough Assist.</li> <li>• Non Specialist and Augmentative &amp; Alternative Communication Aids.</li> </ul> <p><b>The Board approved the policies which will be varied in to provider contracts and disseminated throughout primary care thereafter.</b></p>
149/20	<p><b><u>Learning Disabilities (LD) Mortality Review Annual Report September 2020 and Learning Disability Strategy Implementation Plan Update 2020/21</u></b>  The Board was presented with the 2019/20 Learning Disabilities Mortality Review Annual Report and received an update on the Learning Disability Strategy Implementation Plan. Members reviewed the report and reviewed the local and national changes that are being implemented to focus on this area further.</p>

	<p>The update on the Learning Disability Strategy Implementation Plan provided the Board with assurance on the delivery of the Greater Manchester Learning Disability Strategy priorities during 2020/21, which aligns with the CCG vision, aims and objectives to improve outcomes, reduce inequalities, improve quality and experience of care, and contributes towards the delivery of outcomes in the Bolton Joint Health and Care Plan.</p> <p><b>The Board noted the Annual Report and the CCG’s statutory duty to oversee the completion of LD mortality reviews, to be viewed in the context of Bolton’s overall LD Strategy and Implementation Plan.</b></p>
150/20	<p><b><u>Report of the Chief Finance Officer Month 6</u></b></p> <p>The finance report for Month 6 was presented, which has previously been considered by the CCG Finance and QIPP Committee.</p> <p>It was reported that the temporary financial regime put in place in response to Covid for the period 1 April 2020 to 31 July 2020 has now been extended to cover August and September. An adjusted allocation for this period has been received and the CCG has been mandated to set budgets in line with this.</p> <p>There is the expectation that CCG positions will be adjusted to a breakeven position with a non-recurrent retrospective adjustment received each month on the provision of reasonable reported variances. These adjustments may be increases or decreases to allocations, dependent upon the variances reported.</p> <p>Any expenditure relating directly to Covid 19 will be captured and reported separately within the monthly Non ISFE submissions to NHS England.</p> <p>The CFO report during this time will report on the total financial position for the CCG including Covid 19 specific expenditure and any other exceptional items that require further noting or approval.</p> <p>The CCG received the Month 5 Retrospective Allocation adjustment of £1.437m, £0.190m less than the Month 5 year to date reported position. This was due to queries on the Funded Care over spends which has now been resolved and this shortfall is included within the Month 6 reported position. It is anticipated that the Month 6 allocation adjustment will be £1.726m.</p> <p>The headlines for the Month 6 financial position were reported as:</p> <ul style="list-style-type: none"> <li>• The under spend within Acute Services is a continuation of the reduction in activity within the Independent Sector providers not included under the national contracting arrangements.</li> <li>• Mental Health spend has increased in 2020/21, particularly around short term acute placements and accommodation commissioned to support discharges over the Covid response period. Financial flows to support the commissioning under Long Term Plan priorities has re-commenced for Non NHS providers.</li> <li>• The overspend reported through Other Commissioning is the planned increase in CCG contributions under the Section 75 agreement. Due to the nationally set budgets, these planned changes are not included in the CCG allocation.</li> <li>• Similarly, the overspends within Primary Care include mandated PCN schemes that have not been included in the CCG allocations. The ARRS scheme is reported at 100% of the available allocation; as is the BQC to ensure that all financial commitments are reflected in the year to date position.</li> <li>• Continuing Care overspends are in direct response to Covid 19 and in particular actions taken, in collaboration with Bolton Council, under the Hospital Discharge Programmes (schemes 1 and 2).</li> </ul> <p><b>The Board noted the update to the 2020/21 Financial Plan and associated budgets as at month 6, recognising the level of risk identified and note the process in place by the Executive Team and Finance and QIPP Committee to review scenarios on a monthly basis.</b></p>

151/20

**CCG Corporate Performance Report**

The performance report was presented to the Board. The following highlights were noted for months 6 and 7 (August and September) performance:

It was reported that, as the year progresses and the health system adapts to the pressures of the Covid-19 pandemic, the impact on performance can be seen across a number of key areas. All health care services have seen either an increase in demand, a reduction in the level of capacity they can provide, or a combination of the two. The system continues to work hard to meet the demands of the pandemic, as well as continuing to run “normal” services safely to support patients appropriately.

**Urgent & Emergency Care**

A&E performance has remained below the national target of 95%. Performance during September was 80.5%, a slight decrease on August’s figure of 83.1%. The impact of the second wave of Covid 19 is affecting flow out of the A&E department and the need to segregate patients safely remains a challenge.

In August the number of NWS patients waiting more than 30 minutes and less than 59 minutes for a A&E handover to take place was 252. Performance has improved slightly to 219 in September, but remains challenged at peak times.

**Elective Care**

At the time of writing this report, it is to be noted that Bolton FT have temporarily ceased elective care surgery. This action has been taken to maintain safety as a result of the rising pressures of the Urgent Care system and the increase to Level 4 of the Covid 19 agreed escalation status. This action will inevitably impact on Elective care performance, however this has been necessary to create capacity for the rising numbers of Covid-19 patients, requiring in patient care.

Performance against the 92% standard is still significantly under the national standard at 57.4% in September. This is in line with other GM localities as a direct impact of reduced capacity due to Covid 19. As predicted there has been a further increase in 52 week breaches in month, taking the cumulative total year to date to 977. The 6-week diagnostic target remains a significant issue, with performance in September 2020 at 41.1%.

**Cancer Care**

Cancer performance continues to be good overall, with 7 of the 10 standards achieving their targets. The exceptions are “percentage achieving maximum wait from diagnosis to first definitive treatment of 31 day for all cancers”, which has reduced to 95.7% in August 2020 (0.3% below target), “percentage achieving maximum two month (62 day) wait from urgent GP referral to first definitive treatment for cancer” achieving 78.7% in August 2020, against a standard of 80% and finally, “the number of patients who waited 104 days or more from initial referral to the first definitive treatment” were 5 in August 2020, against a target of 0. Specific reasons for the long delays included availability of specialist robotic surgery at the Christie for two patients and clinical delays due to the patients acquiring Covid 19. However, all patients continue to be clinically and operationally reviewed so there are no avoidable non-clinical delays.

**Mental Health**

IAPT prevalence has improved in line with the trajectory but remains under target at 17.8% due the reduction against normal rates of referrals during the pandemic. Recovery also dropped below target to 48.9% but waiting time performance was maintained. Early Intervention in Psychosis (EIP) exceeded the target in August, as did the Mental Health Liaison Service (MHLS) for the 1 hour target.

The Acute OAPs placements have reduced since last month, however there are ongoing difficulties repatriating patients within the expected 72 hours due to demand and capacity. Extensive work has been undertaken to maximise patient flow, reduce DTOCs and offer robust alternatives to admission.

**Children's & Maternity Care**

Maternity booking performance remains above the 90% target. The access rate for mental health services has seen a slight decrease in August (33.6%) under the 35% target, however, this was anticipated in line with the predicted access rates across the summer. August's CGAS figure (29%) has seen a significant increase in performance from July (9%) however still remains lower than the 50% target. COVID-19 is continuing to have an impact on this measurement.

Members discussed the current situation with regard to cancer services and the work ongoing to ensure patients are receiving the required care, delivering an effective and safe service. Members also discussed primary care access and the increase in the number of contacts and interaction with patients through wave 2 of the pandemic.

**The Board noted the performance report for months 6 and 7.**

152/20

**Covid Update:**

The report provided an update to the Board on the current position on the ongoing Covid 19 pandemic. It was reported that as this is a developing situation, it should be noted that any information in this report was correct on the date of completion.

It was noted that many of the updates reflect the work across partners in Bolton and across Greater Manchester so are not solely organisationally owned. On 5<sup>th</sup> November, NHS England and NHS Improvement notified all NHS organisations of the return to the highest level of emergency preparedness: a level 4 incident. This means that incident decision making is nationally supported and led regionally, with the GM hospital and community coordination cells acting with the authority of NHSE in making the decisions necessary to create and manage capacity across our systems during the emergency.

The report highlighted the work on the current level of escalation, service resilience, the clinically extremely vulnerable group of patients, vaccination planning and the assurance and actions being taken to meet equality and inequality requirements, which will continue prior to a further report being developed by March 2021.

Chris Gee commented on the need to ensure accurate and timely information is publicised at a local level on the vaccination programme, including the planning developments, facts and figures and discussions with clinicians who are going to deliver the programme and asked what support the Bolton News can give to this public messaging. Su Long confirmed that there will be much work to do when the vaccine has been licensed and the programme commences. The NHS is currently in an emergency control situation so all communication is directed nationally. The expectation is that this will be sent to CCGs to share locally once the programme commences and the CCG will link with Bolton News on getting the right messages to the local population

**The Board noted the update.**

**Update on Phase 3 Restart at Greater Manchester Mental Health NHS FT (GMMH)**

The Board received a presentation from GMMH on their response to Covid and the delivery of mental health services during the pandemic. The presentation included an update on GMMH's response to Wave 1, recovery plans, the response to the current Wave 2 and Bolton's division key workstreams and priorities.

**The Board noted the update on the current position at GMMH in managing Covid 19, the local reset programme and actions currently in place and actions being considered.**

153/20	<p><b><u>Board Assurance Framework Quarter 2 Update</u></b>  The report provides details of the strategic, financial and operational risks associated with the achievement of Bolton CCG's objectives throughout the year and provides assurance to the Board that risks are effectively identified and monitored. Corporate risks assessed as High (15 or above) are routinely reported to the Board and these are referred to in the quarter 2 report.</p> <p>It was noted that a review has recently been undertaken with all risk owners and the Executive to ensure all risks and BAF scores have been updated.</p> <p><b>The Board accepted the Board Assurance Framework and the assessment of strategic and high level corporate risks for quarter 2 (1 July to 30 September 2020).</b></p>
154/20	<p><b><u>Annual Report and Terms of Reference from Sub-Committees</u></b>  The Board was presented with the annual reports and updated terms of reference for 2019/20 for the Committees that directly report to the Board. The annual reports and terms of reference presented were from the Primary Care Commissioning Committee.</p> <p>It was noted that the committee has considered and approved both for final approval by the CCG Board.</p> <p><b>The Board approved the annual report and terms of reference for the above committee.</b></p>
155/20	<p><b><u>Minutes and Reports from:</u></b></p> <p><b><u>CCG Executive Update – October 2020</u></b>  The Board noted the update.</p> <p><b><u>CCG Finance and QIPP Committee - 30/10/20</u></b>  The Board approved the Minutes.</p> <p><b><u>CCG Quality and Safety Committee – 23/9/20</u></b>  The Board approved the Minutes.</p> <p><b><u>Primary Care Commissioning Committee – 8/10/20</u></b>  It was noted that the Committee is due to meet the following week to review the Bolton Quality Contract to review and agree next steps for primary care as a result of the wave 2 pandemic.</p> <p><b>The Board approved the Minutes.</b></p>
156/20	<p><b><u>Dates of Future Board Meetings 2021</u></b>  The dates of future board meetings for 2021 were presented.</p> <p><b>The Board noted the dates for future board meetings in 2021.</b></p>
157/20	<p><b><u>Any Other Business</u></b>  There was no further business discussed.</p>
158/20	<p><b><u>Date of Next Meeting</u></b>  It was agreed that the next meeting would be held on <b><u>Friday 8<sup>th</sup> January 2021 at 9.30am</u></b></p>
159/20	<p><b><u>Exclusion of the Public</u></b>  <i>"That representatives of the press, and other members of the public, be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest", Section 1 (2), Public Bodies (Admission to Meetings) Act 1960".</i></p>

**KEY ACTION LOG:**

**Updated from 11<sup>th</sup> December 2020:**

*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.*

**COMPLETED ACTIONS:**

Date/No./ Initials [NOTE 1]	Action Details:	Current Status: [SEE NOTE 2]	Due date: Original AND any agreed Revisions	Comments/Progress/ Explanations:
13/3/20 42/20 MMG	<u>CCG Corporate Performance Report:</u> It was also agreed to present comparable information on the Over 65s in future reports.	Progressing.	March 20 Revised date: TBC	Completed – included in the November (months 7 & 8) Corporate Performance report – emailed to Board members.

**Actions completed since April 2015 = 217**

**Number of actions remaining at 8<sup>th</sup> January 2021= 0**

**NOTE 1:**

MMG	Melissa Maguinness		
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**NOTE 2:** Current Status, (incl. relevant dates): Completed, Overdue, On target, Delayed