

MINUTES

NHS Bolton Clinical Commissioning Group Board Meeting – Virtual Meeting

Date: 8th January 2021

Time: 9.30am to 11.30am

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
Stephen Liversedge	Clinical Director, Primary Care & Health Improvement
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
Emma Saunders	GP Board Member
Helen Lilley	Board Nurse
Romesh Gupta	Secondary Care Specialist
Helen Lowey	Director of Public Health, Bolton Council

In attendance:

Andrew Hill	Bolton GP
Chris Gee	Bolton News representative
Karen Spibey	Communication & Engagement Lead, Bolton CCG
Esther Steel	Bolton FT Director of Corporate Governance/Trust Secretary

Minutes by:

Joanne Taylor	Board Secretary
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Minute No.	Topic
01/21	<u>Apologies for Absence</u> There were no apologies for absence.
02/21	<u>Introductions</u> Board members introduced themselves. There were 4 members of the public in attendance.
03/21	<u>Chair's Update</u> The Chair welcomed Emma Saunders to her first board meeting further to her recent appointment as a new GP Board member from 1 st January 2021 and updated on the re-appointment of Dharmesh Mistry as GP Board member.

	<p>The Chair also commented on the rapid increase in hospital admissions and Covid 19 infection rates and the massive impact this is having on the population and healthcare workers both in the hospital, community and primary care setting. However, there is a sense of optimism with the start of the vaccination programme now underway and will be the main focus of discussion at this month's board meeting.</p>
04/21	<p><u>Questions/Comments from the Public on items on the Agenda</u> There were no questions/comments from the public on items on the agenda.</p>
05/21	<p><u>Declarations of Interest in Items on the Agenda</u> 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: http://www.boltonccg.nhs.uk/about-us/declarations-of-interest</p>
06/21	<p><u>Minutes of the Meeting previously agreed by the Board and Action Log from 13th November 2020</u> The minutes were agreed as an accurate record and the updates to the action log noted.</p>
07/21	<p><u>Patient Focus</u> This month's report focused on the roll out of the vaccination programme and highlighted the developments so far with the implementation of the programme. Jane Bradford shared the story on the first people to receive the vaccination in Bolton and the positive comments received on the roll out of the vaccination programme.</p> <p>Andrew Hill, Clinical Director for Turton Primary Care Network (PCN) also presented from a clinical perspective. It was reported that Turton PCN was chosen as it had the largest number of people over the age of 80 in Bolton, with a readymade site at Tonge Moor Health Centre to run the vaccination service. There has been overwhelming GP support across the network, sharing concerns around workforce issues and the impact on practices, which helped to ensure full cover from all 6 participating practices in this PCN.</p> <p>Whilst delivering the vaccination programme, the PCN had to take into consideration the need for social distancing, keeping people safe, mobility issues, the weather, staff working long days, having a vaccine that has never been used before, re-training on IT systems and a legal framework in administering the vaccine. As the course of the clinics happened, further challenges were noted, mainly on equipment deliveries which linked to the running of clinics, the expiry of vaccines needing to be earlier than anticipated to ensure all vaccines were used.</p> <p>The programme has so far been a huge success and positive feedback has been received from local residents. So far, the PCN has delivered 2,400 doses over past few weeks with the majority of these doses being delivered to the Over 80 year old age group and Care Home residents and staff and primary care staff.</p> <p>There has been much learning and this has been shared with the other PCNs across the locality. This has demonstrated how responsive, flexible and adaptable primary care can be, in particular in iterating changes quickly and often to ensure full use of the vaccine.</p>

This has also enabled positive relationships to continue to develop across practices and other PCNs in the locality, in particular the good will of staff and volunteers behind the scenes to support clinicians to do this and cover the business as usual work. Moving forward, there are more vaccines to administer next week with a plan to complete vaccinating of all Care Home residents and staff by the end of the month.

Stephen Liversedge also presented on his reflections of the vaccination programme, following his work to vaccinate Care Home residents and staff at the Old Vic care home. He has been reassured from the positive comments received by residents that the programme has run well. Again, Stephen highlighted the work that was undertaken to ensure all vaccines were utilised.

Helen Wall also thanked all the staff who have so far supported this programme, noting the hard work and dedication from all, working long hours to ensure the vaccination programme continues to be rolled out to as many local residents as possible.

Members commented on those people who are elderly and housebound and the plans to ensure these people received the vaccine, along with the professional carers who look after people in their homes. It was reported that the CCG is working closely with the Council to ensure all health and care staff are vaccinated by the end of January and any housebound residents will be included in the priority groups

The Chair and members commented on the large number of positive feedback received from the public on the organisation and roll out of the vaccination programme and the team of staff and volunteers supporting this work and wished to send their thanks to all involved in the programme for their ongoing commitment and support.

The Board noted the Patient Focus.

08/21

Covid Update – Covid Vaccination Programme Update
 Following on from the patient focus presentation, Su Long and Helen Wall updated the Board further on the current position on the roll out of the Covid vaccination programme.

It was reported that the Covid 19 vaccination programme is the responsibility of NHS England. The Senior Responsible Officer for the programme delivery in Bolton is Dr Helen Wall, Clinical Director of Commissioning, who is responsible for responding to national direction from NHS England and following national protocols. As this is a developing situation, with advice being updated all the time, it was noted that any information in this report was correct on the date of completion.

The report highlighted the current level of escalation, information on the 2 available vaccines and the priority order for vaccinations, the local position with regard to the hospital, community and care home vaccination programmes, the outcome of the equality impact assessment and the public messages being sent out on the development of the programme.

As reported earlier in the meeting, it was noted that currently Bolton is seeing a worsening position with regard to infection rates. Primary care is also seeing an impact with continuing workforce issues and increasing demand on services across the locality. There is a need to encourage the local population to adhere to lockdown guidance to help improve this position further.

The CCG is dedicated to rolling out the vaccination programme to all priority groups by the end of the month. Details on how and where this has currently been rolled out was shared with the Board. It was noted that the vaccination programme is being led centrally by NHS England which does lead to the need to call residents at short notice and the need to roll out the programme in phases, which is leaving some residents anxious and the need to reassure residents that they will be receiving a call to be vaccinated in a phased approach. The CCG is also working closely with Council colleagues to ensure all Care Home residents and staff and health and social care workers are vaccinated with one dose by the end of January.

	<p>The CCG is also currently working with NHS England to confirm a site for the Horwich area and this is expected to be confirmed by the end of next week. A lot of concerns have been raised by Horwich residents and, again, the CCG is reassuring these residents that they will be informed of the plans for this area as soon as they are known.</p> <p>Members discussed the challenges around public trust and how this is being managed. It was noted that the CCG is committed and working on engaging with all communities in the locality to ensure positive communication is being delivered to all areas of the borough.</p> <p>The CCG is also commonly asked for a forward programme of vaccinations. It was reported that each PCN site, once authorised, receives a 7 day notice generally of a vaccine delivery, therefore practices are only ever working one week in advance, which does not allow for a forward timetable or programme to be issued.</p> <p>It was reported that every PCN is planning to meet the target to vaccinate all its Care Home residents and staff by the end January, however, this is reliant on deliveries and therefore practices can only inform residents once they know a delivery is arriving.</p> <p>It was also reported that people may not be necessarily offered a vaccination at their own GP practice. PCNs are groups of practices and each will have a nominated single site where people will be invited, as the site chosen meets NHS England regulations. This ensures careful handling of the vaccine and the logistics required.</p> <p>Members were also informed that the CCG has made the clinical decision to keep the promise to carry out both vaccinations to the people who received the vaccination in the first waves of the programme. This will ensure there is no risk to vaccine wastage and confusion in cancellations and re-booking of appointments already made. Going forward with the implementation of other waves will, however, mean that the CCG will have to follow NHS England guidance which is to ensure the second dose is received within a 12 week period.</p> <p>Members asked for information on the number of people in the locality in the high priority groups. It was reported that figures are not currently validated but the estimated figure is around 33,365. These are the initial highest priority groups, ie: care home residents and staff, home care workers, health and care workers and those aged 80 and over.</p> <p>It was noted that the figures will increase as we move through the rest of the priority groups.</p> <p>The Board noted the update on the Covid 19 Vaccination Programme and agreed that a presentation be received at the next board meeting on the work that has developed with the BAME groups.</p>
09/21	<p><u>Report of the Chief Finance Officer – Month 8</u></p> <p>The finance report for Month 8 was presented, which has previously been considered by the CCG Finance and QIPP Committee.</p> <p>It was reported that the temporary financial regime that was in place at the start of the financial year has now ended as it only ran up to month 6. The CCG is now working under revised financial arrangements which include a system wide financial envelope at a Greater Manchester level covering the period October 2020 to March 2021. The CCG is now forecasting a breakeven position for 2020/21 on the basis of additional allocation being received to cover the Hospital Discharge Programme (HDP).</p> <p>With regard to financial risks, it was noted that there have been some changes in expected performance since the last report. The revenue position is rated as amber as we are now working under revised financial arrangements and no longer have the retrospective top up. This risk is reported in more detail through the Board Assurance Framework (BAF) and we have mitigations in place to reduce the planned position to breakeven.</p>

Running costs are now rated as green as we received the expected retrospective allocation up to month 6 and will now spend in line with our allocation. QIPP is rated as amber whilst the schemes identified are transacted. The CCG continues to report on financial risk through the BAF.

With regard to the financial allocations, the CCG has received retrospective top ups to its allocation up to month 6 of £10.7m in total which brings the CCG to a breakeven position at month 6 in line with the financial regime for the first half of the year. We then have a further £790k expected allocation relating to the HDP for months 7 and 8.

In terms of the financial position at Month 8, the CCG is now reporting overspends in Acute Services. This is due to the budget for the second half of the year being set for Any Qualified Providers (AQP) and Independent Sector (IS) providers in line with expenditure in the first half as mandated through Greater Manchester. We have then seen increased activity and expenditure in these areas.

The CCG continues to report overspends in continuing care due to the impact of the HDP, however, the allocation expected should eradicate this overspend. We also have overspends in primary care due to the additional funding as part of the Primary Care Network directly enhanced service not being within our allocation. The overspends are being offset by reserves and underspends in other commissioning which relate to non-recurrent expenditure in 2019/20 that the CCG has been required to set a budget for in this financial year.

With regard to the Hospital Discharge Programme, this is the only expenditure in relation to Covid 19 that continues to be paid in addition to the financial envelope from month 7 onwards. The CCG is reporting total expenditure on this of £7.2m year to date. The majority of these costs relate to the HDP scheme 1 which has now ended for new patients but will continue to fund existing patients until an assessment has been carried out at the end of March 2021. A second scheme was introduced from September that covers 6 weeks of funding for eligible patients. The CCG also has funding available to support any additional staffing requirements in the CCG or Council to undertake the required deferred continuing care assessments to ensure that all patients are on the most appropriate package of care.

It was also reported that as retrospective allocation has been received up to month 6, the CCG has transferred budget into delegated primary care in line with expenditure and is now reporting a breakeven position year to date. The CCG is forecasting an overspend due to the ARRS where it will be required to drawdown additional allocation in relation to the 40% of the funding which is being held centrally by NHS England. The CCG continues to work closely with the GM Primary Care Finance Team on this process as Bolton CCG is one of the first CCGs in the North West who are accessing this funding.

The rest of the report is as expected and in line with previous months.

Members discussed forthcoming national changes for next year and further uncertainty around organizational change going forward. Having in place contracts that are for two to three years will enable stability of service delivery for the locality and minimise any issues that organisational change may bring.

Members also discussed the headlines around the system wide financial envelope and protecting the Bolton £ in any system wide allocations and discussed what was needed proactively in advance of any system wide changes.

It was reported that having contracts for two to three years would be beneficial and is being included in the discussions and work happening across Greater Manchester to review the move from current contracting arrangements to a new kind of contract to ensure contracts are standardised in each locality. Bolton is part of these discussions and it is important to start to think about the system wide envelope now to ensure a standardised, consistent contractual process is in place locally and across Greater Manchester.

	<p>The importance of protecting the Bolton £ was acknowledged. It was noted that the GM CFOs are in discussions to ensure areas with the biggest health inequalities receive the most appropriate allocation. Further work is yet to be done on this to ensure Bolton get a fair share of the allocation both in the locality and the Bolton FT provider allocation. Members agreed this is positive news on realigning resources where they are most needed.</p> <p>The Board noted the update to the 2020/21 Financial Plan and associated budgets as at month 8, 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.</p>
10/21	<p><u>CCG Corporate Performance Report</u></p> <p>The performance report was presented to the Board. The following highlights were noted for months 8 and 9 performance:</p> <p>It was reported that:-</p> <p><u>Elective Care</u> - Routine elective care surgery is still suspended at Bolton FT to maintain safety as a result of the rising pressures across 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 inpatient care. Performance against the 92% standard is still significantly under the national standard at 64.5% in November. 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 1,467. The 6-week diagnostic target remains an ongoing issue, with performance in November 2020 at 41.4%.</p> <p><u>Cancer Care</u> - In October, the most significant issue to note is the drop in the percentage achieving maximum two week wait for first outpatient appointment for patients referred urgently with breast symptoms (where cancer was not initially suspected) from 74.4% in September to 26% in October. The Bolton FT team have experienced a number of challenges including medical and radiology cover for the One Stop Shop clinics. In October, the percentage achieving a maximum 2 week wait for first outpatient appointment (urgently referred with suspected cancer via GP) continued to improve and exceeded the national targets with performance of 96.5%. In October, there continued to be 100% achievement for the maximum 62 day wait from referral from an NHS screening service to first definitive treatment for all cancers to Bolton CCG patients. In October there was 1 patient who waited 104 days or more from initial referral to the first definitive treatment.</p> <p><u>Urgent & Emergency Care</u> - A&E performance has remained below the national target of 95%. Following an October average daily attendance at A&E of 284, November saw a similar daily average attendance of 285 patients. This is a 21.9% reduction in attendances from November 2019. In October the number of NWS patients waiting more than 30 minutes and less than 59 minutes for a A&E handover to take place was 261. Performance has deteriorated to 310 in November. Non Elective length of stay has increased slightly in November to 4.8 from 4.6 in October, This figure is slightly above the target of less than 4.61 and is reflective of the impact of Covid.</p> <p><u>Mental Health</u> - IAPT prevalence performance decreased slightly in October from the previous reporting period (from 21.9% to 20%) and still remains under the target of 22% by end March 2021. The recovery rate remains just under target at 48.7%. Early Intervention in Psychosis (EIP) exceeded the target in October, as did the Mental Health Liaison Service (MHLS) for the 1 hour target. Acute OAPs have reduced by 1 placement since the last report, and work continues to ensure positive patient flow and repatriation within 72 hours where possible, whilst offering alternatives to admission as appropriate.</p> <p><u>Children's & Maternity Care</u> - The percentage of children and young people in Bolton accessing mental health treatment figure for October is slightly below plan at 28.4% and this equates to 140 children and young people against a target of 173 for the month.</p>

	<p>Specific to Bolton CAMHS, there were 2,527 contacts in October 2020 which is an increase in contacts from September 2020. October's CGAS performance (13%) has dropped considerably since September (29%), and year to date (18.6%) still remains significantly lower than the 50% target. Maternity booking performance for women registered with a Bolton GP remains above the 90% target with a year to date position of 91.7%.</p> <p>In November, a total of 22 of the 273 women booked were outside of the 12+6 timeframe giving a performance of 91%. Of those, 5 were deemed a breach based on scan and 17 were categorised as late presenters.</p> <p>Members noted the work that continues to be provided across all health and care services, in difficult circumstances and thanked all staff and services for their continued support to ensure services remain in place.</p> <p>The Board noted the Performance Report for Months 8 and 9, in particular noting the positive performance position across hospital, community and primary care given the current strains on all health and care services across the locality.</p>
11/21	<p><u>Reflection on the Benefits of CCGs - Response to NHSE/I Engagement Document</u></p> <p>The report detailed a summary of learning from Bolton CCG to share with local and Greater Manchester partners as new integrated system models are developed in response to the NHS England engagement, which Board members had previously requested.</p> <p>It was highlighted that Bolton CCG has been rated 'outstanding' by NHS England, performing well on outcomes indicators, commissioning of high quality services, public engagement, financial management and overall leadership.</p> <p>The report provides a headline summary of the approaches that have worked effectively in contributing to this achievement. It should be noted that this document cannot possibly cover the full breadth of the work of the CCG over its 9 years since it started in shadow form in 2012 so focuses on some elements that made CCGs unique and Bolton CCG a high performer nationally.</p> <p>It was reported that it has been acknowledged nationally the benefits of the triple aim principles and the need to continue to use these, prioritising funding and being ambitious in investing in early prevention. In retaining the 'outstanding' rating, the CCG has been highly praised for its work on public engagement, clinical engagement in commissioning and having a strong clinical leadership structure to understand and have oversight in the pathways of care through the GP membership with a focus on the primary and secondary care interface.</p> <p>The focus on partnership working has also developed well along with the support offered and work undertaken on behalf of the Greater Manchester Health and Social Care Partnership, contributing to and taking lead roles in specific areas of work to ensure services are improved across a Greater Manchester footprint.</p> <p>The commonality between the direction of travel NHS England is setting for future integrated systems and the work developed locally was noted. Members agreed the need to find a way to continue this good work as system changes are developed.</p> <p>The Board noted the report and noted the Greater Manchester overall organisational response to the NHSE/I engagement document.</p>
12/21	<p><u>Updated Procurement Policy</u></p> <p>The Procurement Policy has recently been reviewed and updated. The main changes to the policy were highlighted to the Board.</p> <p>It was reported that the purpose of this procurement strategy and procurement policy document is to set out the context and strategic aims of the CCG in using procurement as an enabler to improve service outcomes for the registered population (procurement strategy) and</p>

	<p>to set out the rules and methodologies that the CCG will work to and clearly rules by which the strategy will be implemented (procurement policy).</p> <p>It was noted that the SBS procurement team and CCG Executive have also reviewed the policy and recommend for final approval by the Board.</p> <p>Members noted the addition in the policy and strategy around social value and reduction in inequalities. It was noted that the policy will be reviewed in 2 years' time unless there is a need for a review due to changes that may arise from moving out of the European Union.</p> <p>The Board approved the updated Procurement Policy for publicising on the CCG website and shared drive.</p>
13/21	<p><u>Minutes and Reports from:</u></p> <p><u>CCG Executive Update – December 2020</u> The Board noted the update.</p> <p><u>CCG Finance and QIPP Committee - 27/11/20 & 18/12/20</u> The Board approved the Minutes.</p> <p><u>CCG Quality and Safety Committee – 11/11/20</u> The Board approved the Minutes.</p> <p><u>Primary Care Commissioning Committee – 17/11/20</u> The Chair highlighted the positive news received that NHS England has now recognised the current pressures on primary care and has offered CCGs to review further support to allow primary care to focus on the pandemic and vaccination programme. The Chair requested that the work carried out on ethnicity data collection continue.</p> <p>The Board approved the Minutes.</p> <p><u>CCG Conflicts of Interest Committee – 11/12/20</u> The Board approved the Minutes.</p>
14/21	<p><u>Any Other Business</u> There was no further business discussed.</p>
15/21	<p><u>Date of Next Meeting</u> It was agreed that the next meeting would be held on <u>Friday 12th February 2021 at 9.30am</u></p>
16/21	<p><u>Exclusion of the Public</u> The Chair confirmed there were no confidential matters to be discussed and, therefore, the Board meeting was closed.</p>

KEY ACTION LOG:

Updated from 8th January 2021:

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:
08/01/21 08/21 SL/NO	<p><u>Covid Vaccination Programme Update</u> The Board agreed that a summary of the number of people in Bolton in the priority groups be distributed to members.</p> <p>It was also agreed that a presentation be received at the next board meeting on the work that has developed with the BAME groups.</p>	<p>Progressing</p> <p>Progressing</p>	<p>Jan 21</p> <p>Feb 21</p>	<p>Completed – verbally reported at the January meeting and email sent to Board members confirming figures on 11.1.21</p> <p>Completed – on the February public board agenda.</p>

Actions completed since April 2015 = 218

Number of actions remaining at 12th February 2021= 0

NOTE 1:

SL	Su Long	NO	Nicola Onley
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NOTE 2: Current Status, (incl. relevant dates): Completed, Overdue, On target, Delayed