

MINUTES

NHS Bolton Clinical Commissioning Group Board Meeting – Virtual Meeting

Date: 14th January 2022

Time: 9.30am to 11.15am

Present:

Niruban Ratnarajah	CCG Chair
Su Long	CCG Chief Officer
Kelly Knowles	Acting Chief Finance Officer
Tony Ward	Lay Member, Governance
Alan Stephenson	Lay Member
Zieda Ali	Lay Member, Public Engagement
Stephen Liversedge	Clinical Director, Primary Care & Health Improvement
Helen Wall	Clinical Director, Commissioning
Jane Bradford	Clinical Director, Governance & Safety
Dharmesh Mistry	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:

Claire Donovan	Acting Deputy CFO, Bolton CCG
Karen Doherty	Communication & Engagement Team, Bolton CCG
Esther Steel	Bolton FT Director of Corporate Governance/Trust Secretary
Helen Barnes	Community Specialist Practitioner Student
Fiona Smith	Community Specialist Practitioner Student
Rushanara Khanom	Community Specialist Practitioner Student
Jessica Wrennall	Community Specialist Practitioner Student
Jamie Burton	Community Specialist Practitioner Student

Minutes by:

Joanne Taylor	Board Secretary
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Minute No.	Topic
1/22	<u>Apologies for Absence</u> There were no apologies for absence.
2/22	<u>Introductions</u> Board members introduced themselves. There were 8 members of the public in attendance.
3/22	<u>Chair's Update</u> The Chair reported that Zieda Ali, Lay Member, Public Engagement, was leaving the CCG and this was her last board meeting. The Chair, on behalf of the Board, wished Zieda well in her new role as Non-Executive Member at Bolton FT and thanked her for her work and support to the CCG.

	<p>The Chair also notified the Board that this would be the last meeting that Esther Steel would be attending as a member of the public, due to her leaving Bolton FT for a new role. The Chair thanked Esther for her continued attendance at the CCG's public board meetings over the years and wished her well in her new role.</p> <p>The Chair also reported on the current winter pressures and emergency position in Bolton and the work ongoing across the locality to manage this, including managing sickness levels which are rising across health and social care. The positive from this is due to the digital changes that have enabled staff to work remotely to continue to support primary and secondary care. The Chair wished to thank all staff in health and social care for going above and beyond to keep services up and running. It was hoped that the current situation will change in the next 2 to 3 weeks, as a minimum, to enable health and social care to move forward and address the more non-urgent issues.</p> <p>The Board noted the updates.</p>
4/22	<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>
5/22	<p><u>Declarations of Interest in Items on the Agenda</u> There were no declarations of interest on any 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. 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>
6/22	<p><u>Minutes of the Meeting previously agreed by the Board from 12th November 2022</u> The minutes were agreed as an accurate record. It was noted that there were no outstanding actions on the action log.</p>
7/22	<p><u>Patient Focus</u> This month's patient focus was a video highlighting the current pressures facing primary care services and highlighting the new ways that patients can access primary care services.</p> <p>Members commented on the challenges faced in getting the messages across to the local public, in particular that there are other specialist health practitioners that can see them, not always the GP that has to do this and that this different way of access has been developing pre-Covid to deliver an improved service and deal with increased demand.</p> <p>Members discussed the need to reach out to the elderly and vulnerable groups using different communication methods.</p> <p>It was noted that the video played had reached 27,000 views on you tube and that the communications team were delivering these messages in different forms including posters, written information in different languages, press articles and guiding practices on the information loaded onto their websites. It was acknowledged that there is more to do and this is giving the Board a snapshot of the publicity that has been developed and the further work that will continue to send these messages wider.</p> <p>The Board noted the Patient Focus.</p>

8/22	<p><u>GM Policies for Review</u></p> <p>The paper updates the Board on 5 new GM EBI 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"> • Hernia. • Tongue Tie. • Low Back Pain. • Spinal Injections. • Facet Injections. <p>The Board received an update on each of the new policies. It was noted that the CCG Executive has fully reviewed all policies.</p> <p>The Board approved the policies which will be varied into contracts with providers and disseminated throughout primary care thereafter.</p>
9/22	<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>The report highlighted that the NHS financial regime for the second six months of 2021/22 (H2) continues the approach introduced during the second six months of 2020/21 and adopted in the first half of 2021/22 (H1). Integrated Care Systems (ICSs) across England have been allocated a set financial envelope for the period based on historic spending patterns largely from the 2019/20 financial year. The baseline envelope has additional funding allocated to each ICS to allow for extra spend on Covid activity, growth in costs and other additional costs not covered within the funding envelope.</p> <p>The CCG H2 plan includes baseline funding and additional system funding. Allocations to cover Hospital Discharge Programme, Covid 19 vaccination programme and additional roles reimbursement scheme are expected to be received once the validation process with NHS England has been undertaken.</p> <p>It was reported that, as at month 8, the CCG has reported a balanced position once the expected allocations have been received.</p> <p>The Board noted the financial position at month 8, which currently excludes the Month 8 allocations for expenditure incurred under both the Hospital Discharge Programme and the Covid 19 Vaccination Programme. The Board also noted that the month 8 position is reporting a balanced position compared to the financial plan approved for H1 via CCG Board and GM Partnership Executive Board and against the draft allocations for Month 8 and the stated risks to this balanced position including volatility of CHC spend, prescribing and continued pressure in placement spend.</p>
10/22	<p><u>Financial Plan H2 2021/21</u></p> <p>The report provided an update to the Board on the financial plans for H2 2021/22. An update on the financial planning arrangements for H2 2021/22 was presented. The presentation highlighted:</p> <ul style="list-style-type: none"> • The GM ICS financial envelope for H2 2021/22. • Management of the CCG financial deficit for H2. • CCG H2 resource. • 2021/22 H2 plan including QIPP plans and targets. • 2021/22 financial risks. <p>It was noted that the financial position is similar to the position at H1. The main changes noted were the additional funding relating to growth, pay and back pay relating to H1 that had not been paid to providers. It was noted that Covid funding and system top up and growth was included although slightly reduced to the H1 position.</p>

	<p>The Finance and QIPP Committee had previously reviewed the report and received assurance that the CCG feels it is in a better financial position at H2 than in the first half of the year. However, there was an acknowledgement that there remains some significant challenges and financial pressures for the next financial year and beyond.</p> <p>The Board approved the H2 2021/22 financial plan noting the level of unidentified QIPP required to provide a balanced position and noting that this position is subject to review and reallocation of funding/savings targets based on Month 9 financial reporting.</p>
11/22	<p><u>CCG Corporate Performance Report</u> The performance report for January 2022 was presented. The main highlights noted were:-</p> <p><u>Elective Care</u> Performance against the 92% (90% across GM) RTT standard is still significantly under the national standard, at 68% in November 2021. There has been a decrease in 52-week breaches from 1,661 in October to 1,544 in November 21, as Bolton FT is treating patients in clinical and chronological priority, in line with the GM elective recovery programme. 52-week waiters have declined over recent months with the downward trend expected to continue as the providers work through their longest waiters, there are 1,010, 52-week waiters at Bolton FT for November 21.</p> <p>The 6-week diagnostic target remains an ongoing challenge, with performance in November 2021 at 23.98%, against a target of <1%. Following the receipt of the national planning guidance and the priorities that have been set for the coming year by NHS England. Commissioners and providers are working together to ensure recovery plans are in place.</p> <p><u>Cancer</u> 2 week wait referrals are continuing to increase in all specialities, exceeding pre pandemic levels. With 2ww Breast and Lower GI being areas of concern. The 2ww Breast performance has reduced to 28.9%, against a target of 93% compared with 30.5% in the previous month. Bolton FT are achieving the target "Percentage achieving maximum 2 week wait for first outpatient appointment, urgently referred with suspected cancer via GP" with 96% in October 21 (target 93%), however this is a reduction from the previous month (97.6%).</p> <p>The 62-day standard for GP referral to first definitive has not achieved within month at 81% a reduction from the previous month (90.7%). The year to date position is slightly under target at 83.7% against an 85% target. However, the (62-day) wait from referral from NHS Screening service for first definitive treatment achieved (81%) an increase from previous month (57.1%), the year to date position stands at 77.4% against a target of 90%.</p> <p>In the month of October 21 there were 4 Bolton CCG patients reported within month (monitored in a rolling cohort) who waited 104 days or more from initial referral to the first definitive treatment. The clinical teams continue to monitor these patients however these reviews are a month behind national reporting.</p> <p>The Faster Diagnosis Standard: 88.5% of all patients who are referred for the investigation of suspected cancer found out within 28 days if they do or do not have cancer.</p> <p><u>Urgent and Emergency Care</u> A&E performance has remained below the national standard of 95%. Performance during November was 66.3% a similar figure to October's performance of 65.3%. Following an October 2021 average daily attendance at A&E of 376, November saw a similar average daily attendance of 375 patients. In November the number of NWS patients waiting >30 Mins <59 minutes for an A&E handover to take place was 260. Non Elective LoS continues to below the target of <4.61 with the November figure of 4.6.</p>

	<p><u>Mental Health</u> IAPT (Improving Access to Psychological Therapies) - The Bolton Prime Provider pathway saw an increase in referrals in October 2021. EIP (Early Intervention Psychosis) – Performance is sustained at 100% for October, with referrals receiving NICE approved treatment within 2 weeks (against a target of 60% for 2021/22). The Mental Health Liaison Service’s performance increased in October achieving 76.7% against a target of 75%. Placements and demand continues to vary for Acute OAPS, with new placement numbers totaling 4 in October.</p> <p><u>Children’s and Maternity</u> Maternity bookings within 12+6 weeks at Bolton FT for women registered with a Bolton GP was slightly below the 90% target in October, with a monthly position of 88.1%. Bolton CAMHS has seen a continued increase in referrals in November, at 230 compared to 220 in October and 170 in September 2021. Bolton’s access to mental health treatment has decreased slightly in September (37.8%) when compared to August (40.3%). In October, the Mental Health Liaison Service saw 51 children, aged 16 and under, present at A&E in a mental health crisis, who required assessment.</p> <p>The Board noted the performance report for January 2022.</p>
12/22	<p><u>Covid 19 Update</u> The Board received a presentation outlining the most up to date information on the local vaccination programme and the latest public Covid position. The presentation highlighted:-</p> <ul style="list-style-type: none"> • Reflection on covid cases and inpatient rates from last month and the latest position. • Bolton’s response to the Omicron variant and delivery of the booster vaccination programme. • Vaccination offer to 12 to 15 year olds. • All sites now offering boosters to 16-17 year olds. • Searches being undertaken for people aged 5-11 who are clinically extremely vulnerable and training being implemented for this programme - PCNs have been asked to opt in and provide. • Similarly with 12-15 clinically extremely vulnerable, who are eligible for boosters. • Lots of people asking for 4th doses (those who had booster 12 weeks ago) and the current national view is that this is not yet needed and protection of booster is good. • Thank you to all the volunteers who have offered their support with the vaccination programme. <p>The Board noted the update and thanked Helen Wall for her continued leadership as SRO for the Covid Vaccination Programme.</p>
13/22	<p><u>Minutes and Reports from:</u></p> <p><u>CCG Executive Update – November 2021 to January 2022</u> The Board noted the update.</p> <p><u>CCG Finance and QIPP Committee – 26/11/21 and 31/12/21</u> The Board approved the Minutes.</p> <p><u>CCG Quality and Safety Committee – 10/11/21</u> The Board approved the Minutes.</p> <p><u>CCG Conflicts of Interest Committee – 10/12/21</u> The Board approved the Minutes.</p> <p><u>Primary Care Commissioning Committee – 2/12/21</u> The Board approved the Minutes.</p>

14/22	<u>Any Other Business</u> There was no further business discussed.
15/21	<u>Date of Next Meeting</u> It was agreed that the next meeting would be held on <u>Friday 11th February 2022 at 9.30am</u>
16/22	<u>Exclusion of the Public</u> <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>

PART 2 – CONFIDENTIAL

MINUTES

NHS Bolton Clinical Commissioning Group Board Meeting – Virtual Meeting

Date: 14th January 2022

Time: 11.15am to 11.45am

Present:

Niruban Ratnarajah	CCG Chair
Su Long	CCG Chief Officer
Kelly Knowles	Acting Chief Finance Officer
Tony Ward	Lay Member, Governance
Alan Stephenson	Lay Member
Zieda Ali	Lay Member, Public Engagement
Stephen Liversedge	Clinical Director, Primary Care & Health Improvement
Helen Wall	Clinical Director, Commissioning
Jane Bradford	Clinical Director, Governance & Safety
Dharmesh Mistry	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

Minutes by:

Joanne Taylor	Board Secretary
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2/22	<u>Declarations of Interest in Items on the Agenda</u> There were no declarations of interest on any 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. 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. 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
3/22	<u>Minutes from the part 2 Meeting held on 11th June 2022</u> The Minutes were agreed as an accurate record.

4/22	<p><u>Minutes from the Remuneration Committee Meetings held on 9th July and 9th December 2021</u> The Minutes were reviewed and approved.</p>
5/22	<p><u>ICS Transition Delay – Interim Arrangements</u> The report updated the Board on the delay to ICS transition for the quarter April to June 2022 and outlined proposals to ensure the CCG continue to fulfil its statutory governance arrangements for this period.</p> <p>An overall update on the current position, risks and principles agreed across the Greater Manchester CCGs was shared with the Board. The main focus for this meeting was to review the required governance arrangements to ensure the CCG could carry out the required statutory governance arrangements for this period, continuing to move towards the future system and minimise business through governing bodies to only what is statutorily required, and continuing to progress the move of decision making to the new governance in shadow form.</p> <p>The Board approved proposals to the governing body membership to ensure the CCG could continue to fulfil its statutory duties for the quarter 1 period April to June 2022.</p>